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APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

To: Permit Authority
 Address
 Suburb/postcode

Form
76B

Applicant / Owner details:

Owner/Agent:
Address:
 Phone No:
 Fax No:
Note: Agents to be authorised in writing by the owner
Email address:

Details of Plumbing Permit:

Address: Permit No:
 Date of Permit expiry:

Extension request details:

Current status and work still to be completed:

(Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed)

Length of extension request:

6 months ☐ 9 months ☐ 12 months ☐ Other

(X applicable)

Reason for extension:

(Detail the reasons for the extension request – attach any relevant supporting documentation)

Owner / Agent:
(Delete one not applicable)

Name: *[print]*

Signed

Date