SORELL		PO Box 1 47 Cole Stre SORELL TAS 71 ABN 12 690 767 6	et 172 sorell.council	one 03 6269 0000 Fax 03 6269 0014 @sorell.tas.gov.au w.sorell.tas.gov.au
••	r:	• •	ce	Section 97 Section 130 Section 139
To:			Permit Authority / Building Surveyor	
			Address	Form
			Suburb/postcode	
Application for:	Permit		Notice of Work	(X ones
Certificate of Co	ompletion (X to grant app	proval for certificate to be is	sued following the final i	applicable)
NOTE: Standard o	of Work Certificate and applicate and applic			
Building Surve	yor details:			
Building Surveyor:			Category:	
Address:			Phone No:	
			Fax No:	
Licence No:		Email:		
Applicant / Owr	ner details:			
-	or agent of the owner may make a	n application		
Owner:			Contact person:	
Address:			Phone No:	
			Fax No:	
Email address:			. [
Owner builder:	Yes: (X if applicable)	Owner Builder Perm		
Names:	[Contact person:	
Contact address:			Phone No:	
			Fax No:	
Email address:	[
Agent:			Contact person:	
Address:			Phone No:	
			Fax No:	
Email address: Note: Agents to be auth	orised in writing by the owner			
Details of build				
Type of work: (X one applicable)	Permit work	Notifiable work	Planning a	approval granted (<i>if applicable</i>)
Address:			Certificate of tit	le No:
Description of work:			(new building / alte / re-erection / other	ration / addition / repair)

Use of building:				(main use) Building class(es):					
Other details:									
Area: m ²	existing building floor:		new floor:		land:				
Material:	floor: walls:		roof:		frame:				
Value of work: \$	contract price:		estimate:	No. of dv	velling units				
[inclusive of GST]		ə ap	oplicable)		0	L]			
Building Servic	es Provider details:								
Architect - Designer:				Category					
Business name:]					
Business address:				Phone No	:				
		[Fax No					
Licence No:	Ema	il:							
Building - Designer:			Catego	ory:					
Business name:]					
Business address:				Phone No	:				
		Γ		Fax No	:				
Licence No:	Ema	il: [
Engineer - Designer:				Category					
Business name:					·				
Business address:				Phone No					
Dusiness address.		Г		Filone No Fax No					
Licence No:	Ema	L ii• [Faxino					
Services - Designer:				Category	:				
Business name:									
Business address:		_		Phone No	:				
				Fax No	:				
Licence No:	Ema	il:							
Builder:				Category	:				
Business name:]					
Business address:				Phone No	:				
		[Fax No	:				
Licence No:	Ema	il:							
Documents and certificates provided:									
	ed documents and certificates are prov	vid	ed with this	application -					
• •	ocument or certificate description:	, i ca				No. if applicable)			
Certificate of Likely Compliance:				· ·					
Documents specifie	ed in the Director's Specified List								
The building wor	rk will be carried out in accordar	nce	with the	Building A	ct 2016,	the Building			
	and the National Construction Code			Ŭ	,	Ū			
Owner / America	Name: [print]	Г		Signed		Date			
Owner / Agent: (Delete one not applicable)									