		PO Box 126 47 Cole Street LL TAS 7172 so 3N 12 690 767 695	· Fa: prell.council@s	e 03 6269 0000 x 03 6269 0014 orell.tas.gov.au orell.tas.gov.au
••	or:	• •	9	Section 108 Section 156 Section 165
To:			Permit Authority Address Suburb/postcode	Form <b>3</b>
Application for: Certificate of Co NOTE: Standard of Wo	ork Certificate and applicable fees	oval for certificate to be issu must be submitted prior	-	. ,
Applicant / Ow Note: Only an owner	on 178 or section 115 of the Build ner details: or agent of the owner may make an		]	
Owner: Address:			Contact person:	
Email address: <b>Agent:</b> Address:			Contact person:	
Email address: Note: Agents to be auth	norised in writing by the owner		Fax No:	
<b>Details of plum</b> Type of work: ( <i>X one applicable</i> ) Address:	bing work:	Notifiable work	·	approval granted <i>(if applicab</i> ot No:
The work:			 (water or sewerage	reticulation / lumbing / on-site waste system / backflow
Use of building:	Type of plumbing installation: Brand / model:			uilding lass(es):

Plumber details	8:							
			_					
Name:		Category:						
Address:		Phone No:						
		Fax No:						
Licence No.	Email address:							
Plumbing desig	ner details:							
Name:		Category:						
Address:		Phone No:						
		Fax No:						
Licence No.	Email address:							
Documents pro	vided:							
The following documents are provided with this application -								
	Document description:	Prepared by:						
Documents as spec	ified in Schedule 2 of the Director's Specified List:							

The plumbing work will be carried out in accordance with the *Building Act 2016, the Building Regulations 2016* and the National Construction Code.

	Name: [print]	Signed	Date
Owner / Agent: (Delete one not applicable)			