



Telephone 03 6269 0000 Fax 03 6269 0014

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APPLICATION FOR OCCUPANCY PERMIT

Section 217

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To:	То:			Building Surveyor			
				Address	Form	T	
				Suburb/postcod	Э		
Applicant / Ow		diaction					
Owner:	agent of the owner may make an app						
Address:				Phone No:			
				Fax No:			
Owner builder:	Yes: (X if applicable)	Email:					
Agent:							
Address:				Phone No:			
				Fax No:			
Note: Agents to be auth	norised in writing by the owner:	Email:					
Details of build	ling work:						
Address:					Lot No:		
, ida. 666.				Certificate of	f title No:		
Type of work:				(new building / a	lteration / addit	ion / repair	
				demolition / rem	noval / re-erection	on / other)	
Use of building:					Building class	S:	
New use:				(if change of use	<i>;)</i>		
Occupancy de	tails:						
This application is for	or:		(X if application	able.)			
The whole of the bu	ilding work referred above.	The I	isted part of	the building wo	ork referred a	bove	
The refurbishment of the building referred above The change of us				e of the building	g referred ab	ove	
Details part of building	work						
Documents pro	ovided:						
Documents / inform	ation required by the Building	Surveyor -					
Document description:				Prepared by:			
	Name: [print]		S	igned		Date	
Owner / Agent: (Delete one not applicable)							