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HEATING APPLIANCE* INSTALLATION COMPLIANCE CERTIFICATE

Regulation 30

(* A stove, heater or simil	ar appliance that burns oi	l or solid fuel)				
To:				Permit Authority		51
				Address	Form	54
				Suburb/postcode		
Details of insta	llation:					
Address:				(address of installation)		
C	X the applicable box.)					
new:	second-hand:	replacement:	freestanding	j: built-in		flue only:
Appliance type:				fu	el used:	
Make:				model No.:		
					04.4	
Manufacturer:				AS 2918- tested:	-	no:
Address:				compliance	,	110.
Address.				emission	L	
Flue type:				hea	rth type:	
Owner/installer	details:					
Owner:				Contact person:		
Address:				Phone No:		
				Fax No:		
			Email address:	l L		
Installer:						
Address:				Phone No:		
				Fax No:		
Registration No. (if a	applicable):		Email address:	J L		
Notification and	d Certification d	otoilo				
I certify that the ir accordance with th	nstallation of the h e National Constru	eating applianc ction Code.	e referred to	above, has t	oeen ca	rried out in
Note: this notificati	on must be supplie	ed to the Permit	Authority wit	hin 7 days of t	he insta	allation.
		ame: [print]		Signed		Date
Owner/Installer:						