



PO Box 126 47 Cole Street SORELL TAS 7172 ABN 12 690 767 695

Telephone 03 6269 0000 Fax 03 6269 0014 sorell.council@sorell.tas.gov.au www.sorell.tas.gov.au

## STANDARD OF WORK CERTIFICATE - BUILDING WORK

Section 151 Section 103

	То:		Building Survey Address Suburb/postcod	Г	orm 71	A
Builder detai	ils:					
Builder:			Category:			
Address:			Phone No:			
			Fax No:			
Licence No:		Email address:				
Owner detail	ls:					
Note: Copy must i	be for	warded to Owner				
Owner:						
Address:			Phone No:			
			Fax No:			
Details of bu	ildir	na work:				
Type of work		Permit work Notifiable work	(X one appli	cable.)		
Certificate of Likely Compliance No:			it or Certificate of Compliance No:			
Address:			Lot No:			
			Certificate of title No:			
Type of work:				/ add	/ building / dition / repa oval / re-en r)	air /
					г	
Use of building	j:		<i>(main</i> Bui use)	lding c	lass(es):	
Builder Stan						
I confirm I am the Licensed Builder responsible for the construction and supervision of the above referenced project. Having supervised and/or carried out the building work, I confirm that:						
(a) all building work is complete; and						
(b) all directions given under the <i>Building Act 2016</i> and <i>Building Regulations 2016</i> have been complied with; and						
	ificat	k as constructed is in compliance with the National ions and conditions of the Certificate of Likely Com				
		Name: (print)	Signed			Date
Builder:						