



Telephone 03 6269 0000 Fax 03 6269 0014

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## APPLICATION FOR EXTENSION OF DURATION OF **DEMOLITION PERMIT**

Section 197

To:			Permit Authority	Form
			Address	<b>76C</b>
			Suburb/postcode	700
Applicant / Owi	ner details:			
Owner:				
Address:			Phone No:	
			Fax No:	
Note: Agents to be author	orised in writing by the owner	Email address:		
<b>Building Surve</b>	yor details:			
Building Surveyor:			Category:	
Address:			Phone No:	
			Fax No:	
Licence No:		Email address:	·	
Details of Demo	olition Permit:			
Address:			Permit No:	
			Date of Permit	expiry:
Extension requ	est details:			
	d work still to be completed:			
(Detail the current s	status of the demolition work to still to be completed)	which the above Der	molition Permit r	elates, and detail
Length of exter	nsion request:			
6 months (X applicable)	9 months	12 months	Other	



## Reason for extension:

(Detail the reasons	s for the extension request – attach any	relevant supporting documentation	on)
	Name: [print]	Signed	Date
Owner / Agent: (Delete one not applicable)	rianie. Įpinių	S.gr.ou	Buto
Building Surve	eyor to Complete:		
application as per	dvice/ details reading the work to enable Section 197(3)(a) of the Building Act 20	16).	is extension
	Name: [print]	Signed:	Date:
Building Surveyor:	., .		