

APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

PLUMBING PE			
To:	Meander Valley Cou	ncil	Permit Authority Form
	PO Box 102		Address 76B
	WESTBURY TAS	7303	Suburb/postcode
Applicant / Ow	ner details:		
Owner/Agent:			
Address:			Phone No:
			Fax No:
Note: Agents to be autho	rised in writing by the owner	Email address:	
Details of Plum	bing Permit:		
Address:			Permit No:
			Date of Permit expiry:
Extension requ	est details:		
Current status and	d work still to be comple	ted:	
(Detail the current s plumbing work still		k to which the above Plum	bing Permit relates, and detail the
Length of exter	nsion request:		
6 months	9 months	12 months	Other
(X applicable)			
Reason for extens	ion:		
(Detail the reasons †	for the extension request –	attach any relevant suppo	orting documentation)
Owner / Agent:	Name: [print]		Signed Date