

APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

Applicant / Owner details: Owner/Agent: Address: Phone No: Fax No: Details of Plumbing Permit: Address: Extension request details: Current status and work still to be completed: (Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed) Length of extension request: 6 months 9 months 12 months Other (X applicable) Reason for extension: (Detail the reasons for the extension request – attach any relevant supporting documentation)	To:	Huon Valley Council		Permit Authority	Form		
Applicant / Owner details: Owner/Agent: Address: Phone No: Fax No: Note: Agents to be authorised in writing by the owner Email address: Details of Plumbing Permit: Address: Permit No: Date of Permit expiry: Extension request details: Current status and work still to be completed: (Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed) Length of extension request: 6 months 9 months 12 months Other (X applicable) Reason for extension: (Detail the reasons for the extension request – attach any relevant supporting documentation)		40 Main Street		Address	76R		
Owner/Agent: Address: Phone No: Fax No: Note: Agents to be authorised in writing by the owner Details of Plumbing Permit: Address: Permit No: Date of Permit expiry: Extension request details: Current status and work still to be completed: (Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed) Length of extension request: 6 months 9 months 12 months Other (X applicable) Reason for extension: (Detail the reasons for the extension request – attach any relevant supporting documentation)		HUONVILLE TAS	7109	Suburb/postcode	700		
Address: Phone No:	Applicant / Owi	ner details:					
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(Detail the reasons for the extension request – attach any relevant supporting documentation) Name: [print] Signed Date	Length of extension request: 6 months 9 months 12 months Other						
Name: [print] Signed Date							
	(Detail the reasons	tor the extension request – attach	any relevant supp	porting documenta	ntion)		
Owner / Agent: (Delete one not applicable)	Owner / Agent:	Name: [print]		Signed	Date		

Council Use Only

Permit No:	PID:	
Approved/Refused:	Date:	
Comments:		
Prescribed Council Fee:	\$	
Receipt No:	Date Paid:	