



PLUMBING WORK

Use this form for:

- Notice of Work
- Application for a Certificate of Likely Compliance
- Application for a Plumbing Permit

Section 108
Section 156
Section 165

To: *Permit Authority*
 Address
 Suburb/postcode

Form **3**

Application for: **Permit** **CLC** **Notice of Work** *(X ones applicable)*
 Certificate of Completion *(X to grant approval for certificate to be issued following the final inspection)*

NOTE: Standard of Work Certificate and applicable fees must be submitted prior to Certificate of Completion being issued, in accordance with section 178 or section 115 of the Building Act 2016

Applicant / Owner details:

Note: Only an owner or agent of the owner may make an application

Owner: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Agent: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Note: Agents to be authorised in writing by the owner

Details of plumbing work:

Type of work: **Permit work** **Notifiable work** **Planning approval granted**
(X one applicable) *(if applicable)*

Address: *Lot No:*
 Certificate of title No:

The work:
(water or sewerage reticulation / stormwater / roof plumbing / on-site waste water management system / backflow prevention device / other)

Type of plumbing installation:
 Brand / model:

Use of building: *(main use: dwelling, shop, food business, factory)* **Building class(es):**

Plumber details:

Name: **Category:**
Address: **Phone No:**

Licence No. Fax No:
Email address:

Plumbing designer details:

Name: Category:
Address: Phone No:
 Fax No:
Licence No. Email address:

Documents provided:

The following documents are provided with this application -

<i>Document description:</i>	<i>Prepared by:</i>
Documents as specified in Schedule 2 of the Director's Specified List:	

The plumbing work will be carried out in accordance with the **Building Act 2016, the Building Regulations 2016** and the National Construction Code.

Owner / Agent:
(Delete one not applicable)

I consent to information being given by means of an electronic communication to the nominated email address above in accordance with the Electronic Transactions Act 2000 and acknowledge that information will only be provided in electronic form unless I formally request otherwise.

PERSONAL INFORMATION PROTECTION STATEMENT

The personal information requested on this application form is being collected by the Council for the purposes of processing applications under the *Building Act 2016*, the *Building Regulations 2016* and will be used for those primary purposes. The Council may be required to forward personal information relating to applications to: The Australian Bureau of Statistics, The Building Control Board and the Building Training Levy Board.

The intended recipients of the information are Council officers, data service providers engaged by Council from time to time, any other agent or contractor of Council and relevant State Government Departments. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.

Failure to provide this information will result in your application not being able to be processed.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may make an application to access or amend your information in writing to the General Manager, PO Box 210, Huonville, 7109. You may be charged a fee for this service.

COPYRIGHT AUTHORITY

I authorise the Council and the Crown in right of the State of Tasmania to provide to any person, for the purposes of assessment or public consultation, a partial or complete copy of documents relating to this application. I acknowledge that a charge may be made to recover costs of copying. I do not require to be paid a fee or to be informed of any copies that are made under this authorisation. I confirm that I am the copyright owner or have the authority to sign on behalf of any other person with copyright for documents relating to this application.

Signature of Applicant: _____

Note: This authority is intended to cover copies made by the Crown or Council under Sections 40, 43, 49 or 183 of the *Copyright Act 1968*.

DETAILS OF ON-SITE WASTEWATER MANAGEMENT SYSTEM

NB: This information can be obtained from the report provided by the system designer. If you have any queries it is recommended that you contact your system designer for clarification. **Please tick the appropriate items that your system is to consist of:**

Primary waste water unit/s	<input type="checkbox"/> Use of existing septic tank <input type="checkbox"/> septic tank <input type="checkbox"/> grease trap <input type="checkbox"/> sand filter <input type="checkbox"/> AWTS –please specify <input type="checkbox"/> composting toilet –please specify..... <input type="checkbox"/> Other – please specify.....
Is a pit & pump included in the design (to collect waste waters and direct to land application area)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Land Application Area (where waste waters are directed for further treatment)	<input type="checkbox"/> absorption trenches <input type="checkbox"/> evapo-transpiration beds <input type="checkbox"/> raised/modified bed <input type="checkbox"/> Wisconsin mound/ bottomless sand filter <input type="checkbox"/> subsurface irrigation <input type="checkbox"/> spray irrigation <input type="checkbox"/> Other – please specify.....
Total number of bedrooms (including rooms that could potentially be used as bedrooms)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other (please specify)
Water supply	<input type="checkbox"/> tank water <input type="checkbox"/> town (reticulated) water <input type="checkbox"/> other – please specify.....

DETAILS OF SYSTEM DESIGNER

Company Name			
Designer Name			
Postal address			
Suburb		Post Code	
Telephone	Mobile		
Email address			