

BUILDING WORK

Use this form for:

Notice of Work

- Application for a Certificate of Likely Compliance
- Application for a Building Permit

Section 97 Section 130 Section 139

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To:	Huon Valley Council	Permit Authority / Building Surveyor
	40 Main Street	Address Form
	HUONVILLE 7109	Suburb/postcode
Application for:		lotice of Work (X ones applicable)
Certificate of Con		<u> </u>
	of Work Certificate and applicable fees must be	
	g issued, in accordance with section 153 or sect	
Building Surve	yor details:	
Building Surveyor:		Category:
Address:		Phone No:
Addiess.		Fax No:
Licence No:	Email:	
Applicant / Ow		
_ ' '	or agent of the owner may make an application	
Owner:		Contact person:
Address:		Phone No:
		Fax No:
Email address:		
Owner builder:	Yes: (X if applicable) Owner Builder Permit:	
Names:		Contact person:
Contact address:		Phone No:
		Fax No:
Email address:		
Agent:		Contact person:
Address:		Phone No:
		Fax No:
Email address:		
Note: Agents to be auth Details of build	horised in writing by the owner	
Type of work: (X one applicable)	Permit work Notifiable work	Planning approval granted (if applicable)
Address:		Certificate of title No:
Description of work:		(new building / alteration / addition / repair / re-erection / other)
Use of building:		(main use) Building class(es):

Other details:							
Area: m²	existing build	ing floor:		new floor:		land:	
Material:	floor:	walls:		roof:		frame:	
Value of work: \$		con	tract price:	estimate:	No. of dv	velling units	
[inclusive of GST]			(X one a	oplicable)			
Building Service	es Provider de	tails:					
Architect - Designer:					Category	:	
Business name:							
Business address:					Phone No	:	
					Fax No	:	
Licence No:			Email:	_			
Building - Designer:				Catego	ry:		
Business name:]		
Business address:					Phone No		
Lianasa Na		 1	il-		Fax No	:	
Licence No:			Email:				
Engineer - Designer:					Category	:	
Business name:							
Business address:					Phone No	:	
		-			Fax No	:	
Licence No:			Email:				
Services - Designer:					Category	:	
Business name:							
Business address:					Phone No	:	
					Fax No	:	
Licence No:			Email:				
Builder:					Category	:	
Business name:							
Business address:					Phone No	:	
					Fax No	:	
Licence No:			Email:				
Documents and	d certificates nr	ovider	d:				
The following specific				ed with this	application -	•	
• .	ocument or certifica		•				No. if applicable)
Certificate of Likely Documents specifie		Pagaifica	l l iot				
Documents specific	tu iii tile bilectors c	ppecified	LIST				
	k will be carried and the National (with the	Building A	ct 2016,	the Building
n e gulations 2010		e: [print]	ction code.		Signed		Date
Owner / Agent:	ivame	. [piiit]			<u> </u>		Duto
(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 <i>Building Act 2016</i> , the <i>Building Regulations 2016</i> 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 <i>Personal Information Protection Act 2004</i> 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 <i>Copyright Act 1968</i> .