

APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

To:	Huon Valley Council		Permit Authority For	n
	40 Main Street		Address 7	6 B
	HUONVILLE TAS	7109	Suburb/postcode	
Applicant / Ow	ner details:			
Owner/Agent:				
Address:			Phone No:	
			Fax No:	
Note: Agents to be auth	orised in writing by the owner	Email address:		
Details of Plum	bing Permit:			
Address:			Permit No:	
			Date of Permit expiry:	
Extension requ	est details:			
	d work still to be completed:			
plumbing work still				
Length of exter	nsion request:			
6 months	9 months 12 mon	ths	Other	
(X applicable)				
Reason for extens				
(Detail the reasons	for the extension request – attach any	relevant sup	porting documentation)	
	Name: [print]		Signed	Data

	Name: [print]	Signed	 Date
Owner / Agent: (Delete one not applicable)			

Council Use Only

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