

APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To:			Form				
		Address	76A				
		Suburb/postcode	IUA				
details:							
		Phone No:					
		Fax No:					
d in writing by the owner							
Yes: (tick if applicable)	address	:					
		Owner builder					
		Phone No:					
		Fax No:					
	Email address:						
details:							
		Category:					
O Box 364		Phone No:					
NGSTON TAS	7051	Fax No:					
	Email address:	admin@ltbs.	com.au				
Details of Building Permit:							
		Perr	nit No:				
		Date of Permit	expiry:				
dotaile:							
			huilding work still				
is of the building work to which t	ne permit relate:	s, and detail the	bullating work Still				
on request:	ne permit relates	s, and detail the	bullating work Still				
on request:	months	Other	bullating work Still				
1 T	details: O Box 364 NGSTON TAS Permit: details: characteristics of the completed:	d in writing by the owner Yes: (tick if applicable) Email address: details: O Box 364 NGSTON TAS Permit: I details: I	Suburb/postcode				



Reason for extension:

(Detail the reason	s for the extension request – attach an	y re	elevant supporting documentati	on)				
	Name: [print]		Signed:		Date:			
Owner / Agent: (Delete one not applicable)	rome. [pmm]		oignou.		Bate.			
Building Surveyor to Complete:								
	dvice/ details reading the work to enable Section 147(3)(a) of the Building Act 2			nis	extension			
Duilding Company	Name: [print]		Signed:		Date:			
Building Surveyor:								