

Postal: PO Box 156, Longford 7301
Phone: (03) 6397 7303
Fax: (03) 6397 7331



Offices: 13 Smith St, Longford
Email: Building@nmc.tas.gov.au

NOTIFICATION OF INTENTION TO INSTALL HEATING APPLIANCE*

Regulation 30

(* A stove, heater or similar appliance that burns oil or solid fuel)

**Form
53**

To: *Permit Authority*

Address

Suburb/postcode

Owner/Installer Details:

Owner:

Address: Phone No:

Fax No:

Email address:

Installer:

Address: Phone No:

Fax No:

Licence No. (if applicable): Email address:

Details of Installation:

Address: *(address of proposed installation)*

(X the applicable box.)

new: second-hand: replacement: freestanding: built-in: flue only:

Appliance type: fuel used:

Make: model No.:

(X the applicable box.)

Manufacturer: AS 2918- tested: yes: no:

Address: compliance cert. No.

emission cert. No.

Flue type: hearth type:

Notification Details:

This heating appliance is intended to be installed at the above address on:

Date:

Note: this notification must be supplied to the Permit Authority 2 days prior to installation.

(Delete one not applicable)

Name: [print]

Signed

Date

Owner/Installer: