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Offices: 13 Smith St, Longford
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HEATING APPLIANCE* INSTALLATION COMPLIANCE CERTIFICATE

Regulation 30

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

To: Northern Midlands Council

Permit Authority

**Form
54**

13 Smith Street

Address

LONGFORD

7301

Suburb/postcode

Details of Installation:

Address: (address of 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:

Owner/Installer Details:

Owner:

Contact person:

Address:

Phone No:

Fax No:

Email address:

Installer:

Address:

Phone No:

Fax No:

Registration No. (if applicable):

Email address:

Notification and Certification Details:

I certify that the installation of the heating appliance referred to above, has been carried out in accordance with the National Construction Code.

Note: this notification must be supplied to the Permit Authority within 7 days of the installation.

*(Delete one not applicable)**Name: (Print)**Signed**Date*

Owner/Installer: