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# NOTIFICATION OF LOW RISK WORK (Building or Plumbing)

Regulation 32

To: Northern Midlands Council Permit Authority  
PO Box 156 Address  
LONGFORD 7301 Suburb/postcode

Form **80**

## Work details:

Type of work: Building work  Plumbing work  Demolition work   
*(X one applicable)*

Address:   
  Lot No:   
 Building Class

The low risk work:  
*(Description of the work e.g. new building, Category 2B plumbing work, etc)*

**Note dimensions where appropriate**  
*See Determinations for dimension restrictions for low risk work.*

Cost of work done \$ \_\_\_\_\_  
Building Administration Fee amount (0.1%): \$ \_\_\_\_\_  
Construction Industry Training Levy amount (0.2%): \$ \_\_\_\_\_

**NOTE: All building or demolition work over \$20 000 is liable to pay a Building Administration Fee (BAF) and Construction Industry Training Levy to the relevant Permit Authority.**

**The BAF must be paid within 7 business days after the work is completed, the Industry Training Levy must be paid prior to the work commencing. Information about the Levy may be found here: [www.tbcitb.com.au](http://www.tbcitb.com.au)**

## Plumber, Owner/and responsible person details:

Owner:  Contact person:   
Contact address:  Phone No:   
  Fax No:   
Email address:   
Builder/ Plumber/ competent person:  Category:   
*(delete one not applicable)*  
Business name:   
Business address:  Phone No:   
  Fax No:   
Licence No:  Email address:

### For plumbing work only:

- As the licensed plumber who performed the work has certified that it complies with all relevant Acts, the National Construction Code and other relevant codes and standards;

- As-constructed plans of the plumbing work are provided (for any below ground work only)
- A notification in respect of defective work discovered as part of the preparation, or performance, of the low-risk plumbing work has already been notified to the council.

**Notice details:**

**The work detailed above was completed on:**

*Date*

*Name: [print]*

Owner or  
Builder / Plumber /  
Competent Person

*(Delete one(s) not applicable)*

*Signed*

*Date*