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Email: building@nmc.tas.gov.au
Postal: PO Box 156, Longford, Tasmania 7301
Phone: (03) 6397 7303
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NOTICE OF WORK – PLUMBING WORK

Section 108

**Form
79B**

To: *Permit Authority*
 Address
 Suburb/postcode

Owner/Agent Details:

Owner: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Agent: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Details of Plumbing Work:

Type of work: Permit work Notifiable work Planning approval granted
(X one applicable) *(if applicable)*
Address: *Lot No:*
 Certificate of title No:

The work:

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| Type of plumbing installation: Brand/model: |
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*(water or sewerage reticulation/
stormwater/roof plumbing/on-
site waste water management
system/backflow prevention
device/other)*

Use of building:

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*(main use:
dwelling,
shop, food
business,
factory)*

Building
class:

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Plumber Details:

Name:

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Class &
Category
*(specified
on licence):*

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Address:

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Phone No:

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Fax No:

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Licence No.

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Email address:

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Plumbing Designer Details:

Name:

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Class &
Category:

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Address:

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Phone No:

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Fax No:

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Licence No.

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Email address:

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Documents Provided:

The following documents are provided with this application:

Document description:

Prepared by:

3 Copies of documents specified in Schedule 2 of the Director's Specified List:

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The plumbing work will be carried out in accordance with the *Building Act 2016, the Building Regulations 2016* and the National Construction Code.

| | | | |
|--|----------------------|----------------------|----------------------|
| | <i>Name: [print]</i> | <i>Signed</i> | <i>Date</i> |
| Owner/Agent (Delete one not applicable) | <input type="text"/> | <input type="text"/> | <input type="text"/> |