



ABN 68 300 116 092

# APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To:  *Permit Authority*  
 *Address*  
  *Suburb/postcode*

Form  
**76A**

## Applicant / Owner details:

Owner:   
Address:   
  Phone No:   
  Fax No:   
*Note: Agents to be authorised in writing by the owner* Email address:

Owner builder: Yes:  (X if applicable)

Agent:  Owner builder permit No:   
Address:   
  Phone No:   
  Fax No:   
Email address:

## Building Surveyor details:

Building Surveyor:  Category:   
Address:   
  Phone No:   
  Fax No:   
Licence No:  Email address:

## Details of Building Permit:

Address:  Permit No:   
  Date of Permit expiry:

## Extension request details:

Current status and work still to be completed:



ABN 68 300 116 092

**Length of extension request:**

6 months

9 months

12 months

Other

**Reason for extension:**

Owner / Agent:  
(Delete one not applicable)

*Name: [print]*

*Signed:*

*Date:*

**Building Surveyor to Complete:**

*Name: [print]*

Building Surveyor:

*Signed:*

*Date:*