



ABN 68 300 116 092

APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

To: *Permit Authority*
 Address
 Suburb/postcode

Form
76B

Applicant / Owner details:

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

Details of Plumbing Permit:

Address:
 Permit No:
Date of Permit expiry:

Extension request details:

Current status and work still to be completed:

Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed

Length of extension request:

6 months 9 months 12 months Other

Reason for extension:

Owner / Agent: *Name: [print]* *Signed* *Date*
(Delete one not applicable)