

# 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   
*(X applicable)*

### Reason for extension:

*(Detail the reasons for the extension request – attach any relevant supporting documentation)*

Owner / Agent:  
*(Delete one not applicable)*

Name: *[print]*

Signed

Date