APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To:			Permit Authority Address Suburb/postcode	76 Δ
Applicant / Ow	ner details:			
Owner:				
Address:			Phone No:	
			Fax No:	
Note: Agents to be auth	orised 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 Surve	yor details:			
Building Surveyor:			Category:	
Address:			Phone No:	
			Fax No:	
Licence No:		Email address:		
Details of Build	ling Dormits			
Details of Build	iing Fermit.			
Address:				ermit No:
			Date of Perm	nit expiry:
Extension requ	est details:			
	d work still to be completed:			
(Detail the current s	status of the building work to which th	e permit relate	s, and detail th	ne building work still
to be completed)				

Length of exte	ension request:					
6 months	9 months	12 moi	nths	Other		
(X applicable)		1				
Reason for exter	nsion:					
(Detail the reason	s for the extension re	quest – attach an	y relevant su	pporting docume	entation,)
	Nama	· [print]		Signed:		Date:
Owner / Agent:	Name.	[print]		Signed:		Date:
Owner / Agent: (Delete one not applicable)	Name.	[print]		Signed:		Date:
(Delete one not applicable)	Name eyor to Complete			Signed:		Date:
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