

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