## **APPLICATION TO AMEND PLUMBING APPROVAL** Permit Authority To: Address Suburb/postcode **Approval** PA: reference number Applicant / Owner details: Note: Only an owner or agent of the owner may make an application Owner: Contact person: Address: Phone No: Fax No: Email address: Agent: Contact person: Address: Phone No: Fax No: Email address: Note: Agents to be authorised in writing by the owner **Details proposed amendment:** Address: Lot No: Certificate of title No: Describe what amendment is proposed

Plumber details	s (if known):	
Name:		Category:
Address:		Phone No:
		Fax No:
Licence No.	Email address:	
Plumbing design	gner details:	
Name:		Category:
Address:		Phone No:
		Fax No:
Licence No.	Email address:	
Documents pro	ovided:	
•	ments are provided with this application -	
	Document description:	Prepared by:
Documents as spec	cified in Schedule 2 of the Director's Specified List:	
The plumbing work will be carried out in accordance with the <i>Building Act 2016, the Building Regulations 2016</i> and the National Construction Code.		
Negulations 2010		ed Date
o , , , , ,	Name: [print] Signe	u Dale
Owner / Agent:		