

BURNIE CITY COUNCIL

PO Box 973, BURNIE, TASMANIA 7320.

Ph : (03) 6430 5775 Fax : (03) 6431 6840

Email : burnie@burnie.net

Forms **2 & 3**



Building:	<input type="checkbox"/>
Plumbing:	<input type="checkbox"/>

OFFICE USE ONLY

Application No:.....

Date Received:.....

Received by:.....

PID No:.....

APPLICATION FOR BUILDING / PLUMBING PERMIT (Building Act 2000)

Section 70 & 80

To:	BURNIE CITY COUNCIL		
	PO BOX 973		
	BURNIE TASMANIA		7320

Permit Authority

Address

Suburb/Postcode

Applicant / Owner details:

Note: Only an owner or agent of the owner may make an application.

NAR NO:

	Surname	First Name	Second Name
OWNER			
Address:			Phone No: <input type="text"/>
			Fax No: <input type="text"/>
Owner Builder: Yes:	<input type="checkbox"/>	(X if applicable)	Email address: <input type="text"/>

NAR NO:

	Surname	First Name	Second Name
OWNER			
Address:			Phone No: <input type="text"/>
			Fax No: <input type="text"/>
Owner Builder: Yes:	<input type="checkbox"/>	(X if applicable)	Email address: <input type="text"/>

NAR NO:

	Surname	First Name	Second Name
AGENT			
Address:			Phone No: <input type="text"/>
			Fax No: <input type="text"/>
			Email address: <input type="text"/>

Note: Agents to be authorised in writing by the owner.

Details of building work:

Address:			Lot No: <input type="text"/>
			Certificate of title No: <input type="text"/>
Type of work:			(new building / alteration / addition / repair / demolition / removal / re-erection / other)
Use of building:			(main use) Building class: <input type="text"/>

Other details:

Area: m ²	existing building floor:	<input type="text"/>	new floor:	<input type="text"/>	land:	<input type="text"/>		
Material:	floor:	<input type="text"/>	walls:	<input type="text"/>	roof:	<input type="text"/>	frame:	<input type="text"/>
Value of work: \$	<input type="text"/>	contract price:	<input type="text"/>	estimate:	<input type="text"/>	(X one applicable)		
[inclusive of GST]							No. of dwelling units:	<input type="text"/>

Building practitioner details:	
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Building Surveyor:	<input type="text"/>	Category:	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>

Accreditation No:		NAR No:		Email address:	<input type="text"/>
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Designer:	<input type="text"/>	Category:	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>

Accreditation No:		NAR No:		Email address:	<input type="text"/>
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Builder:	<input type="text"/>	Category:	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>

Accreditation No:		NAR No:		Email address:	<input type="text"/>
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Plumber details:	
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Plumber:	<input type="text"/>	NAR No:	
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>

Registration No.	<input type="text"/>	Email address:	<input type="text"/>
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Details of plumbing work:	
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Address:	<input type="text"/>	Lot No:	<input type="text"/>
	<input type="text"/>	Certificate of title No:	<input type="text"/>
The work:	<input style="height: 50px;" type="text"/>	<i>Description of the proposed plumbing work</i> An application for special plumbing permit the subject of this application is included (X if applicable.) <input type="checkbox"/>	

Designer details (plumbing):	
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Name:	<input type="text"/>	Category:	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>

Registration No.	<input type="text"/>	Email address:	<input type="text"/>
	NAR No:		

Documents and certificates provided:	
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The following specified documents and certificates are provided with this application –

Prepared by:
(accreditation No. if applicable)

Document or certificate description:	
Certificate of Likely Compliance:	
Owner-builder Statement: <i>(if applicable)</i>	
3 Copies of documents specified in the Director's Specified List	
3 Copies of documents specified in Schedule 2 of the Director's Specified List:	
Application for Special Plumbing Permit: (If applicable)	

Applicant Declaration, Building / Plumbing:

The building work will be carried out in accordance with the *Building Act, the Building Regulations 2004 and the Building Code of Australia.*

Owner / Agent: <small>(Delete one not applicable)</small>	Name: <i>[print]</i>	Signed	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only

Planning fee:		\$.....
Public notification: (GST inclusive)		\$.....
Certificate of likely compliance: (B060)	\$..... + 10% GST	\$.....
Plumbing assessment: (B020)		\$.....
Building / Plumbing Permit: (B010)		\$.....
Frontage fee: (B040)		\$.....
IT Levy (0.2%): (B030)		\$.....
BP Levy (0.1%): (B050)		\$.....
TOTAL:		\$.....
Receipt number:	
Date paid:	