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| **BUILDING WORK**  **Use this form for:**   * **Notice of Work** * **Application for a Certificate of Likely Compliance** * **Application for a Building Permit** | **Section 97 Section 130**  **Section 139** |
|  | |

Form **2**

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| To: | DEVONPORT CITY COUNCIL | *Permit Authority / Building Surveyor* |

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| --- | --- | --- |
|  | PO BOX 604 | *Address* |

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|  | DEVONPORT TAS |  | 7310 | *Suburb/postcode* |

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| **Application for:** | **Permit** |  |  | **CLC** |  |  | **Notice of Work** |  |

*(X ones applicable)*

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| Certificate of Completion |  |

(*X to grant approval for certificate to be issued following the final inspection)*

**NOTE: Standard of Work Certificate and applicable fees must be submitted prior to Certificate of Completion being issued, in accordance with section 153 or section 104 of the *Building Act 2016***

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| **Building Surveyor details:** |  |

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| Building Surveyor: |  | Category: |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| Licence No: |  | Email: |  | | |
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| **Applicant / Owner details:** | | | |  |

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

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| **Owner:** |  | Contact person: |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| Email address: |  |

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| **Owner builder:** | Yes: |  | *(X if applicable)* |  | Owner Builder Permit: | | |  | |
|  | | | | | | | | | |
| Names: |  | | | | | | | Contact person: |  | |
|  | | | | | | | | | | |
| Contact address: |  | | | | | | | Phone No: |  | |
|  | | | | | | | | | | |
|  |  | | | | |  |  | Fax No: |  |
|  | | | | | | | | | | |
| Email address: |  | | | | | | | | |

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| **Agent:** |  | Contact person: |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| Email address: |  |

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

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| **Details of building work:** |  |

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| Type of work: | Permit work |  |  | Notifiable work |  |  | Planning approval granted |  |

*(X one applicable) (if applicable)*

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| |  |  |  |  | | --- | --- | --- | --- | | Address: |  | Lot No: |  | |  |  |  | Certificate of title No: |  |

|  |  |  |
| --- | --- | --- |
| Description of work: |  | *(new building / alteration / addition / repair / re-erection / other)* |

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| --- | --- | --- | --- | --- |
| Use of building: |  | *(main use)* | Building class(es): |  |

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| **Other details:** |  |

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| Area: m2 | existing building floor: |  | new floor: |  | land: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Material: | floor: |  | walls: |  | roof: |  | frame: |  |

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| Value of work: $ |  | contract price: |  | estimate: |  | No. of dwelling units: |  |

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| [inclusive of GST] |  | *(X one applicable)* |  |

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| **Building Services Provider details:** |  |

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| **Architect - Designer:** |  | Category: |  |

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| Business name: |  |  |  |

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| Business address: |  | Phone No: |  |

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| Licence No: |  | Email: |  | |
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| **Building - Designer:** |  | | Category: |  |

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| Business name: |  |  |  |

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| Business address: |  | Phone No: |  |

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| Licence No: |  | Email: |  |

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| **Engineer - Designer:** |  | Category: |  |

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| Business name: |  |  |  |

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| Business address: |  | Phone No: |  |

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| Licence No: |  | Email: |  |

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| **Services - Designer:** |  | Category: |  |

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| Business name: |  |  |  |

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| Business address: |  | Phone No: |  |

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| Licence No: |  | Email: |  |

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| **Builder:** |  | Category: |  |

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| --- | --- | --- | --- |
| Business name: |  |  |  |

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| Business address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| Licence No: |  | Email: |  |

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| **Documents and certificates provided:** |  |

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

|  |  |
| --- | --- |
| *Document or certificate description:* | *Prepared by: (Licence No. if applicable)* |
| Certificate of Likely Compliance: |  |
| Documents specified in the Director’s Specified List |  |
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**The building work will be carried out in accordance with the *Building Act 2016, the Building Regulations 2016* and the National Construction Code.**

*Name: [print] Signed Date*

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