

APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To: Stefan Deverell

Permit Authority

Form

1a Cambridge Road

Address

BELLERIVE

7018

Suburb/postcode

76A

Applicant / Owner details:

Owner:

Address:

Phone No:

Fax No:

Note: Agents to be authorised 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 Surveyor details:

Building Surveyor: Stefan Deverell

Category:

Unrestricted

Address:

1a Cambridge Road

Phone No:

03 6231 9070

BELLERIVE

7018

Fax No:

Licence No:

CC7203

Email address:

admin@bstas.com.au

Details of Building 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 building work to which the permit relates, and detail the building 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:
*(Delete one not applicable)**Name: [print]**Signed:**Date:***Building Surveyor to Complete:***(Please provide advice/details regarding the work to enable the Permit Authority to assess this extension application as per Section 147(3)(a) of the Building Act 2016).***Building Surveyor***Name: [print]*

Stefan Deverell

*Signed:**Date:*