APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To:		Permit Authority Form Address Suburb/postcode		
Applicant / Owi	ner details:			
Owner:				
Address:		Phone No:		
		Fax No:		
	orised in writing by the owner Email address:			
Owner builder:	Yes: (X if applicable)	Ourses buildes		
Agent:		Owner builder permit No:		
Address:		Phone No:		
		Fax No:		
	Email address:			
Building Surve	yor details:			
Building Surveyor:		Category:		
Address:		Phone No:		
		Fax No:		
Licence No:	Email address:			
Details of Build	ing Permit:			
Address:		Permit No:		
		Date of Permit expiry:		
Extension requ	est details:			
	d work still to be completed:			
	status of the building work to which the permit relate	es, and detail the building work still		

Length of exte	ension request:						
6 months	9 months	12 months	;	Other			
(X applicable)				L			
Reason for exter	nsion:						
(Detail the reasons for the extension request – attach any relevant supporting documentation)							
Owner / Agent:	Name: [print]			Signed:		Date:	
(Delete one not applicable)							
Building Surv	eyor 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).							
1							
	Name: [print]			Signed:		Date:	