

HEATING AP			ON		Re	gulatior	ı 30
(* A stove, heater or sim	ilar appliance that burns	oil or solid fuel)					
To:				Permit Authority		54	
				Address	Forn		ľ
				Suburb/postcode			
Details of insta	llation:						
Address:				(address of installation)			
	(X the applicable box.)						
new:	second-hand:	replacement:	freestanding	: built-in:		flue only:	
Appliance type:				fue	l used:		
Make:				moc	lel No.:		
					(X th	e applicable	box)
Manufacturer:				AS 2918- tested:	yes:	no:	
Address:				compliance c	ert. No.		
				emission c	ert. No.		
Flue type:				hearth type:			
Owner/installer	details:						
Owner:				Contact			
Address:				person:			
Address.			_	Fax No:			
			Email address:				
Installer:							
Address:				Phone No:			
				Fax No:			
Registration No. (if a	ipplicable):		Email address:				

Notification and Certification details:

I certify that the installation of the heating appliance referred to above, has been carried out in accordance with the National Construction Code.

Note: this notification must be supplied to the Permit Authority within 7 days of the installation.

By signing I authorise Glenorchy City Council to update my details listed within this form.

(Delete one not applicable)	Name: [print]	Signed	Date
Owner/Installer:			

PRIVACY NOTICE:

Council collects personal information to carry out its operations as a Tasmanian Local Government. This personal information may be used for other purposes permitted by law. The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations.

You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

You can find out more about how the Council manages personal information and how you can request access or corrections to it in the Council's Privacy Policy available on the Council website or on request.