APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

To:		Permit Authority Form		
		Address 76A		
		Suburb/postcode		
Applicant / Ow	ner details:			
Owner:				
Address:		Phone No:		
		Fax No:		
Note: Agents to be author	orised 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 Surve	yor details:			
Building Surveyor:		Category:		
Address:		Phone No:		
		Fax No:		
Licence No:	Email address			
Details of Build	ling Permit:			
Address:		Permit No:		
		Date of Permit expiry:		
Extension requ	est details:			
Extension requ				

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)								
	Name: [print]		Signea	:	Date:			
Owner / Agent: (Delete one not applicable)								
Building Surv	over to Complete:							
Building Surveyor to Complete: (Please provide advice/ details reading the work to enable the Permit Authority to assess this extension								
application as per	Section 147(3)(a) of the Bu	ilding Act 2016,).					
	Name: [print]		Signea		Date:			
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