APPLICATION FOR EXTENSION OF DURATION OF DEMOLITION PERMIT

Section 197

То:			Permit Authority Address Suburb/postcode	76C	
Applicant / Ow	ner details:				
Owner:					
Address:			Phone No:		
			Fax No:		
Note: Agents to be auth	orised in writing by the owner	Email address:			
Building Surve	yor details:				
Building Surveyor:			Category:		
Address:			Phone No:		
			Fax No:		
Licence No:		Email address:			
Details of Demo	olition Permit:				
Address:			Permit No:		
			Date of Permi	it expiry:	
Extension requ	est details:				
	d work still to be completed:				
	status of the demolition work to what still to be completed)	ich the above Der	molition Permit	relates, and detail	
Length of exter	nsion request:				
6 months (X applicable)	9 months 12 i	months	Other		
Reason for extens	sion:				
(Detail the reasons	for the extension request – attach	any relevant supp	porting docume	entation)	

	Name: [print]		Signed		Date				
Owner / Agent: (Delete one not applicable)									
(Бетете опе пот аррпсавте)		J L							
Building Surve	eyor to Complete:								
(Please provide advice/ details reading the work to enable the Permit Authority to assess this extension application as per Section 197(3)(a) of the Building Act 2016).									
application as per	Section 197(3)(a) of the Building Act 2	:016)	.						
	Name: [print]		Signed:		Date:				
Building Surveyor:		1 Г							