STANDARD OF WORK CERTIFICATE – PLUMBING WORK Section 177

Section 177 Section 114

٦	То:	Glamorgan Spring Bay Council	Permit Authority	Permit Authority Form	
		PO Box 6	Address		
		Triabunna 7190	Suburb/postcod	•71B	
Plumber deta	ails:				
Plumber:			Category:		
Address:			Phone No:		
			Fax No:		
Licence No:		Email addres	ss:		
Owner details	s:				
Note: Copy must be		arded to Owner			
Owner:					
Address:			Phone No:		
			Fax No:		
Details of plu	ımh	ing work:			
Type of work:		Permit work Notifiable work	,		
Certificate of Likely			(X one appliermit or Certificate of	cable.)	
Compliance No:			kely Compliance No:		
Address:			Lot No:		
			Certificate of title No:		
Description of work completed	d:				
Use of building:			(main use: dwel	lling, shop,	
3			food business, f	food business, factory)	
Plumber Standard of Work Statement					
I confirm I am the <i>Licensed Plumber</i> responsible for the performance and supervision of the above referenced project. Having supervised and/or carried out the plumbing work, I confirm that:					
	•	rk is complete; and			
(b) all directions given under the <i>Building Act 2016</i> have been complied with; and					
		ork is in compliance with the Plumbing Code of And conditions of the Certificate of Likely Complia			
		Name: (print)	Signed	Date	
Plumber:					