Postal: PO Box 156, Longford 7301

Phone: (03) 6397 7303 Fax: (03) 6397 7331



Offices: Email: 13 Smith St, Longford Building@nmc.tas.gov.au

APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To:	Northern Midlands Council	Permit Authority	Form	
	PO Box 156		Address	76A
	LONGFORD	7301	Suburb/postcod	IUA
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:			Pe	ermit No:
Address.			Date of Perm	
Extension requ				
	work still to be completed:			
(Detail the current stop be completed)	status of the building work to whi	ich the permit relate	s, and detail th	e building work still
• ,				

Length of exte	ension request:								
6 months	9 months	12 months		Other					
(X applicable)				L					
Reason for extension:									
(Detail the reasons for the extension request – attach any relevant supporting documentation)									
	Name: [print]		S	igned:		Date:			
Owner / Agent: (Delete one not applicable)									
Building Surve	eyor to Complete:								
		vork to enable th	ne Permit i	Authority to	assess th	is extension			
(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).									
	Name: [print]		Si	igned:		Date:			
Building Surveyor:									