Regulator's Copy	



NOTICE OF WORK

for Plumbing and Drainage Work

Please supply requested information correct and neatly

	PROPERTY & OWNER DETAILS	
House No. Street	Suburb	Postcode
Lot No. DP No. PDP or S	P Nearest Cross Street	Municipality/Shire
Ective. Bi ive. i Bi et s	i i i i i i i i i i i i i i i i i i i	Warnerpairty/Striffe
Owner's Name	Full Address	
	LICENSEE'S DETAILS	
Full Name	Address for Notices	
Phone No.	Qualified Supervisor No.	Expiry Date DD MM YYYY
	Licence No.	Expiry Date
	LIGHTOC IVC.	DD MM YYYY
	WORK OF WATER SUPPLY	
Give full Description of Work carried out	WORK OF WATER SUFFEE	
☐ Install Water Supply		
☐ Install Irrigation system		
☐ On-site Alternative Water Services		
☐ Install/Commission/Maintenance of The	rmostatic Mixing Valve	
Connection to water supplyInstall, alter, disconnect or remove a bar	okflow provention device	
☐ Other	cknow prevention device	
PLUMBING WORK TO COMPLY WITH		ATIVE SOLUTION COMBINED
	PLUMBING/DRAINAGE AND SUPPL	LY DRAINAGE PLAN
Give full description of work carried out		
☐ Carry out work of sanitary plumbing/drai☐ Connection to Sewer	nage	
☐ Sewer Disconnection		
☐ Carry out Trade Waste Drainage		
□ Other		
DRAINACE WORK TO COMPLY WITH		TIVE COLUTION E COMPINED
DRAINAGE WORK TO COMPLY WITH		ATIVE SOLUTION
	AGE/WATER SERVICE INSPECTION	
Date Fee Paid	Date of Commencement of Work	Estimated Date of Completion
Amount MM YYYY	Reference No:	Contractors Signature
\$	TREIGIGIOCINO.	Contractors Orginature

- 1. This is your notification that you, as the Responsible Person, intend to carry out the work described on this 'NOTICE OF WORK', in accordance with provisions of the Regulators Act, Regulations, Codes and Standards.
- 2. This NOTICE TO WORK must be produced on the request of any person duly authorised by the REGULATOR.
- 3. The corresponding numbered CERTIFICATE OF COMPLIANCE must be submitted by you to the Local Regulator on the completion of a FINAL INSPECTION on the above work.



Regulator's Copy	
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CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

	PROPERTY & OWNER DETAILS	
House No Street	Suburb	Postcode
Lot No DP No PDP or SI	P Nearest Cross Street Mu	nicipality/Shire
Owner's Name	Full Address	
	LICENSEE'S DETAILS	
Full Name	Address for Notices	
Phone No.	Qualified Supervisor No.	Expiry Date
	Licence No.	Expiry Date
		DD MM YYYY
	WORK OF WATER SUPPLY	
Give full Description of Work carried out		
☐ Install Water Supply ☐ Install Irrigation system		
☐ On-site Alternative Water Services		
☐ Install/Commission/Maintenance of The	rmostatic Mixing Valve	
☐ Connection to water supply☐ Install, alter, disconnect or remove a back	ckflow prevention device	
Other		
PLUMBING WORK TO COMPLY WITH	☐ AS/NZS3500 ☐ ALTERNATIVE SC	DLUTION COMBINED
	PLUMBING/DRAINAGE AND SUPPLY DRA	INAGE PLAN
Give full description of work carried out Carry out work of sanitary plumbing/drai	nage	
☐ Connection to Sewer	nage	
☐ Sewer Disconnection		
☐ Carry out Trade Waste Drainage		
Other Other		
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DRAINAGE WORK TO COMPLY WITH	☐ AS/NZS3500 ☐ ALTERNATIVE SO	DLUTION
Date Fee Paid	AGE/WATER SERVICE INSPECTION FEE Date of Commencement of Work Estima	ted Date of Completion
DD MM YYYY	DD MM YYYY DE	
Amount	Reference No: Contra	ctors Signature
\$		
	me at the above mentioned property I certify that:	
The work corresponds to the specification The completed work has been tested as	ns in the notice of work. required by the Regulator and has passed such te	est.
iii. Where required by Section 11 of the Plu	mbing and Drainage Act 2011, I have given writter	notice of any identified
pre-existing defective plumbing and/or d iv. The work complies with the relevant Act	rainage works. Regulations. Codes and Standards:	Yes ∐ N/A ∐
v. The work was completed on/	/ Contractors Signature	

2. If any defect is found in the work carried out by me within a period of two (2) years or within the time specified by Regulator, from the date of the final inspection, and the Regulator for Plumbing and Drainage certifies by written notice that in their opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Regulator within the time specified by the Regulator.





CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

	PROPERTY & OWNER DETAILS	
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Lot No. DP No. PDP or S	P Nearest Cross Street Munici	pality/Shire
Owner's Name	Full Address	
Owner 3 Name	1 dii Addicss	
	LICENSEE'S DETAILS	
Full Name	Address for Notices	
Phone No.	Qualified Supervisor No.	Expiry Date
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	Licence No.	Expiry Date
	Electrice 140.	DD MM YYYY
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Give full Description of Work carried out		
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☐ Install Irrigation system		
☐ On-site Alternative Water Services		
	ermostatio Miving Valvo	
☐ Install/Commission/Maintenance of The	ermostatic Mixing valve	
☐ Connection to water supply	10 0	
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□ Other		
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WORK OF SANITARY Give full description of work carried out ☐ Carry out work of sanitary plumbing/dra ☐ Connection to Sewer ☐ Sewer Disconnection	PLUMBING/DRAINAGE AND SUPPLY DRAINA	
WORK OF SANITARY Give full description of work carried out ☐ Carry out work of sanitary plumbing/dra ☐ Connection to Sewer ☐ Sewer Disconnection ☐ Carry out Trade Waste Drainage	PLUMBING/DRAINAGE AND SUPPLY DRAINA	
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2. If any defect is found in the work carried out by me within a period of two (2) years or within the time specified by Regulator, from the date of the final inspection, and the Regulator for Plumbing and Drainage certifies by written notice that in their opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Regulator within the time specified by the Regulator.



Owner's Copy	

CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

	PROPERTY & OWNER DETAILS	
House No. Street	Suburb	Postcode
Lot No. DP No. PDP or SP	Nearest Cross Street Municip	pality/Shire
		j
Owner's Name	Full Address	
	LICENSEE'S DETAILS	
Full Name	Address for Notices	
Phone No.	Qualified Supervisor No.	Expiry Date
		DD MM YYYY
	Licence No.	Expiry Date
		DD MM YYYY
	WORK OF WATER OURSELY	
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□ Other		
PLUMBING WORK TO COMPLY WITH	□ AS/NZS3500 □ ALTERNATIVE SOLU	TION COMBINED
PLUMBING WORK TO COMPLY WITH	☐ AS/NZS3500 ☐ ALTERNATIVE SOLU	
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