

**NOTICE OF WORK**  
**for Plumbing and Drainage Work**  
*Please supply requested information correct and neatly*

**PROPERTY & OWNER DETAILS**

House No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot No.	DP No.	PDP or SP	Nearest Cross Street
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name	Full Address		
<input type="text"/>	<input type="text"/>		

**LICENSEE'S DETAILS**

Full Name	Address for Notices		
<input type="text"/>	<input type="text"/>		
Phone No.	Qualified Supervisor No.	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Licence No.	Expiry Date	
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 Thermostatic Mixing Valve \_\_\_\_\_

Connection to water supply \_\_\_\_\_

Install, alter, disconnect or remove a backflow prevention device \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLUMBING WORK TO COMPLY WITH**     AS/NZS3500     ALTERNATIVE SOLUTION     COMBINED

**WORK OF SANITARY PLUMBING/DRAINAGE AND SUPPLY DRAINAGE PLAN**

Give full description of work carried out

Carry out work of sanitary plumbing/drainage \_\_\_\_\_

Connection to Sewer \_\_\_\_\_

Sewer Disconnection \_\_\_\_\_

Carry out Trade Waste Drainage \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRAINAGE WORK TO COMPLY WITH**     AS/NZS3500     ALTERNATIVE SOLUTION     COMBINED

**SEWERAGE/WATER SERVICE INSPECTION FEE**

Date Fee Paid	Date of Commencement of Work	Estimated Date of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount	Reference No:	Contractors Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

**CERTIFICATE OF COMPLIANCE**  
**for Plumbing and Drainage Work**  
*Please supply requested information correct and neatly*

**PROPERTY & OWNER DETAILS**

House No	Street	Suburb	Postcode	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Lot No	DP No	PDP or SP	Nearest Cross Street	Municipality/Shire
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Owner's Name		Full Address		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		

**LICENSEE'S DETAILS**

Full Name	Address for Notices		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Phone No.	Qualified Supervisor No.	Expiry Date	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
	Licence No.	Expiry Date	
	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>

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Connection to water supply \_\_\_\_\_

Install, alter, disconnect or remove a backflow prevention device \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

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**PLUMBING WORK TO COMPLY WITH**     AS/NZS3500     ALTERNATIVE SOLUTION     COMBINED

**WORK OF SANITARY PLUMBING/DRAINAGE AND SUPPLY DRAINAGE PLAN**

Give full description of work carried out

Carry out work of sanitary plumbing/drainage \_\_\_\_\_

Connection to Sewer \_\_\_\_\_

Sewer Disconnection \_\_\_\_\_

Carry out Trade Waste Drainage \_\_\_\_\_

Other \_\_\_\_\_

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Date Fee Paid	Date of Commencement of Work	Estimated Date of Completion
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Amount	Reference No:	Contractors Signature
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

1. In respect of authorised work carried out by me at the above mentioned property I certify that:
  - i. The work corresponds to the specifications in the notice of work.
  - ii. The completed work has been tested as required by the Regulator and has passed such test;
  - iii. Where required by Section 11 of the Plumbing and Drainage Act 2011, I have given written notice of any identified pre-existing defective plumbing and/or drainage work..... **Yes  N/A**
  - iv. The work complies with the relevant Acts, Regulations, Codes and Standards;
  - 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.

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**PROPERTY & OWNER DETAILS**

House No. [ ]	Street [ ]	Suburb [ ]	Postcode [ ]
Lot No. [ ]	DP No. [ ]	PDP or SP [ ]	Nearest Cross Street [ ]
Municipality/Shire [ ]		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. [ ]
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**SEWERAGE/WATER SERVICE INSPECTION FEE**

Date Fee Paid [ DD ] [ MM ] [ YYYY ]	Date of Commencement of Work [ DD ] [ MM ] [ YYYY ]	Estimated Date of Completion [ DD ] [ MM ] [ YYYY ]
Amount \$ [ ]	Reference No: [ ]	Contractors Signature [ ]

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