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|  |
| **PLUMBING WORK** **CERTIFICATE OF SPECIALIST OR OTHER PERSON** | **Regulation 14** |
|  |

 Form **59**

|  |  |  |
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| To: |  | *Owner /Agent* |

|  |  |  |
| --- | --- | --- |
|  |  | *Address* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *Suburb/postcode* |

|  |  |
| --- | --- |
| **Certifier details:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Accreditation No: |  | Email address: |  |

*(if applicable)*

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| --- | --- | --- |
| Or qualifications and Insurance details: |  | *(description from Column 3 of Schedule 2 of the Director of Building Control’s Determination)* |
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| --- | --- | --- |
| Speciality area of  |  | *(description from Column 4 of Schedule 2 of the Director of Building Control’s Determination)* |
| expertise: |  |

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| --- | --- |
| **Details of work:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Lot No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Certificate of title No: |  |

|  |  |  |
| --- | --- | --- |
| The work  |  | *(description of the work or part work being certified )* |
| related to this |  |
| certificate: |  |  |

|  |  |
| --- | --- |
| **Certificate details:** |  |

|  |  |  |
| --- | --- | --- |
| Certificate type: |  | *(description from Column 1 of Schedule 2 of the Director of Building Control’s Determination)* |
|  |  |
| *✓* |
| This certificate is in relation to an application for a new plumbing permit or special plumbing permit. *OR* |  |
|  |
| This certificate is in relation to any stage of plumbing work before completion. |  |

In issuing this certificate the following matters are relevant –

|  |  |
| --- | --- |
| Documents: |  |
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|  |  |
|  |  |
| Relevant |  |
| calculations: |  |
|  |  |
| References: |  |
|  |  |
|  |  |
| *Substance of Certificate (what it is that is being certified):* |
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| *Scope or Limitations* |
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**I certify the matters described in this certificate.**

 *Signed: Date: Certificate No.*

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| --- | --- | --- | --- | --- | --- |
| Certifier: |  |  |  |  |  |