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|  |
| **OCCUPANCY PERMIT** | **Section 223** |
|  |

 Form **13**

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| To: |  | *Owner /Agent* |

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|  |  | *Address* |

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|  |  |  |  | *Suburb/postcode* |

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| **Building Surveyor details:** |  |

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| Building Surveyor: |  | Category: |  |

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| Address: |  | Phone No: |  |

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

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| Licence No: |  | Email: |  |

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| **Builder details:** |  |

|  |  |  |  |
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| Copy to: |  | Category |  |

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

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| Licence No: |  | Email: |  |

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| **Permit Authority details:** |  |

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| Copy to: |  | Permit Number: |  |

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

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| Licence No: |  | Email: |  |

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| **Details of building work:** |  |

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

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

|  |  |  |
| --- | --- | --- |
| Type of work: |  | *(new building / alteration / addition / repair /demolition / removal / re-erection / other)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use of building: |  | *(main use)*  | Building class: |  |

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| --- | --- |
| **Occupancy Permit details:** |  |

This Occupancy Permit is for the - (*X box applicable)*

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| --- | --- | --- | --- |
| Whole of the building work: |  | Part of the building work:  |  |
|  |  |  |  |
| Refurbishment of the building:  |  | Change of use of the building: |  |

*Details of Part of the building work: (Where applicable)*

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In considering the issue of an Occupancy Permit the following matters were taken into account (s220) -

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| Documents: |  |
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| Information: |  |
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| Required reports: |  |
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The use or uses to which the building may be put is as follows:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Class: | Specific use of building or part of the building: | Storey: | Number of persons for which exits are provided: | Max number of occupants for which the on-site wastewater management system can accommodate: | Number males for which sanitary facilities are provided: | Number females for which sanitary facilities are provided: | Maximum live load kPa: |
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| Totals: |  |  |  |  |  |  |

This permit is subject to the following conditions -

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This permit is subject to the attached maintenance Schedule.

* *All or Part* of this building was not the subject of the normal application, permit and inspection procedures under the *Building Act 2016*. *(Delete if not applicable)*
* The building permit for this building was issued on the basis of an performance solution under the National Construction Code. *(Delete if not applicable)*

I certify that after assessment of the application for an occupancy permit submitted to me, I am satisfied that the building or part of the building as referred to above is suitable for occupation.

 *Signed: Date: Permit No.*

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| Building Surveyor: |  |  |  |  |  |