

APPLICATION FOR EXTENSION OF TIME

Building Act 1993
Building Regulations 2018
Regulation 24



To

Relevant Building Surveyor
Email Address

Vic Permits Building Surveyors
info@vicpermits.com.au

From

Owner(s)/Agent of Owner
ACN/ARBN
Address
Contact Person
Email Address

_____	_____
_____	_____
_____	Post Code _____
_____	Telephone _____
_____	_____

Ownership Details (if applicant is agent of owner)

Name of All Owner(s)
ACN/ARBN (if applicable)
Address
Contact Person
Email Address

_____	_____
_____	_____
_____	Post Code _____
_____	Telephone _____
_____	_____

Property/Project Details (include title details as and if applicable)

Project Description
Address
Lot/s
Crown Allotment
Municipal District (Council)

_____	_____	_____	_____	_____
_____	LP/PS _____	Volume _____	Folio _____	_____
_____	Section _____	Parish _____	County _____	_____
_____	_____	_____	_____	_____

In accordance with regulation 59(1) the Building Regulations 2018, I hereby apply for an extension of time to commence/complete the building work under this permit.

Builder Permit Details

Building Permit Number
Date of Issue

I declare that I have the authority to sign this form as the owner of the subject property or I have the written authority to act as the agent of the owner(s) pursuant to Sections 246 and 248 of the Building Act 1993.

Signature

Signature of Applicant

_____	Date _____
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