**CERTIFICATE OF COMPLIANCE**

**FOR PLUMBING AND DRAINAGE WORKS**

**Please supply requested information fully correct and neatly**

*E2018/14549*

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| Byron Shire Council | | | | Email: <Council@byron.nsw.gov.au> | | | |
| PO Box 219, Mullumbimby NSW 2482 | | | | Fax: 02 6684 3018 | | | |
| 70 Station Street, Mullumbimby | | | | Section 68 Approval No. | | | |
|  | | | |  | | | |
| **Property and Owner details** | | | | | | | |
| Lot: | | Sec: | | | | DP: | |
| Street address: | | | | | Locality: | | |
| Nearest cross street: | | | | | | | |
| Owner/s name: | | | | | | | |
| Owner/s address: | | | | | | | |
| **Licensee’s details** | | | | | | | |
| Name: | | | | | | | |
| License No. | Expiry date: | | | Phone: | | | Mobile: |
| Address for notices: | | | | | | | |
| Email: | | | | | | | |
| Qualified supervisor (if applicable): | | | | | | | |
| License No. | Expiry date: | | | Phone: | | | Mobile: |
| **Water supply works** | | | | | | | |
| **Give full Description of Work to be carried out:** | | | | | | | |
| Install Water Supply | | | Install Irrigation system | | | | |
| On-site Alternative Water Services | | | Rainwater Tank Connection | | | | |
| Connection to water supply | | | Install/Commission/Maintenance of Thermostatic Mixing Valve | | | | |
| Install, alter, disconnect or remove a backflow prevention device | | | Other (specify): | | | | |
| **Plumbing work to comply with:** | | | | | | | |
| **AS/NZS3500** | | **ALTERNATIVE SOLUTION** | | | | **COMBINED** | |
| **Sanitary plumbing/drainage and supply drainage plan** | | | | | | | |
| **Give full Description of Work to be carried out:** | | | | | | | |
| Carry out work of sanitary plumbing/drainage | | | Sewer Disconnection | | | | |
| Connection to Sewer | | | Sewer Mains/Extension | | | | |
| Carry out Trade Waste Drainage | | | Other (specify): | | | | |
| **Drainage work to comply with:** | | | | | | | |
| **AS/NZS3500** | | **ALTERNATIVE SOLUTION** | | | | **COMBINED** | |
| **Sewerage/water service inspection fee (if applicable)** | | | | | | | |
| **Date additional Fee Paid:** | | | | **Date of Commencement of works:** | | | |
| **Amount Paid: $** Note Inspection fees are paid at lodgment. | | | | **Estimated Date of Completion of works:** | | | |
| 1. In respect of authorised work carried out by me at the above mentioned property, I certify that:    1. The work corresponds to the specifications in the notice of work.    2. The completed work has been tested as required by the Regulator and has passed such test;    3. 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    4. The work complies with the relevant Acts, Regulations, Codes and Standards;    5. The work was completed on 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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| **Contractors**  **Signature:** | **Date:** |