

**Form 2—Application to amend a permit including an extension of time**

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| **GENERAL NOTES: This form is to be used for the purposes of section 44(1)(a) and 57 of the Plumbing and Drainage Regulation 2019 (PDR)***.*Completion of all applicable sections is mandatory. | |
| 1. **Description of land**   The description must identify all land the subject of the application. The lot and plan details (e.g. SP/RP) are shown on title documents or a rates notice. | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Street address (include number, street, suburb/locality and postcode) | | | | | |  | | | | | |  | | | | | | Lot and plan: | | | | | |  | | | | | |  | | | | | | Shop/tenancy number |  | Storey/level |  | Local government area | |  |  |  |  |  | | *(if applicable)* |  | *(if applicable)* |  |  | |
| 1. **Permit details** | Permit number Date permit issued (if known)   |  |  | | --- | --- | |  |  | |
| 1. **Application for an extension of time.**   Subject to section 43(2)(a) of the PDR, the holder of a permit may apply to extend the term of the permit for no more than 2 years.  Note: For the term of a permit, see section 59 of the PDR. | Is an application for an extension of time?  Yes  No   |  |  |  | | --- | --- | --- | | Period of extension requested (e.g. 2 years) | | | |  |   Provide a brief reason for the extension   |  | | --- | |  | |  | |  | |
| 1. **Application to amend an existing permit approval.** | Is this a request to amend an existing approval?  Yes  No  Provide details of the proposed amendment   |  | | --- | |  | |  | |  | |
| 1. **Fixtures to be installed**   If the number of fixtures is changing please indicate the new fixture count. | Are the number of fixtures changing?  Yes  No  If yes, indicate the number of fixtures to be installed:   |  |  |  | | --- | --- | --- | | sinks: | basins: | urinals: | | baths: | W.C.s: | showers: | | laundry tubs: | other: | | | Total number of fixtures: | | | |
| 1. **Disposal of wastewater in unsewered area**   A Treatment Plant Approval (TPA) number/ Chief Executive Approval (CEA) or Environmentally Relevant Activity (ERA) number must be included for any on-site sewerage treatment plant or greywater treatment plant. | Does the application involve a change to a treatment plant?  Yes  No  If yes, provide details below.  **Type of treatment plant**   |  |  |  | | --- | --- | --- | | Secondary on-site sewerage treatment plant | Greywater treatment plant | Greywater diversion device |  |  |  | | --- | --- | | Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | TPA/CEA Number \_\_\_\_\_\_\_\_\_\_\_\_\_  (Treatment Plant Approval Number or Chief Executive Approval) | ERA Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_  (Environmentally Relevant Activity number) |   **Additional information**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Total number of bedrooms in all dwellings to be serviced by the facility | \_\_\_\_\_\_\_ | | | | | Total wastewater flow per day to be serviced by the facility | \_\_\_\_\_\_\_L/day | | | | | A copy of the site and soil evaluation report is attached |  | Yes |  |  |  |  | | --- | | **Comments** *(i.e. substitution of treatment plant for a different brand or model.)* | |  | |  | |
| 1. **Owner details** | |  |  |  |  | | --- | --- | --- | --- | | Owner’s name | |  | Phone number: | |  | |  |  | | Postal address: | |  |  | |  | | | | | Email address |  | |  | |  | | | | |
| 1. **Applicant details**   The applicant need not be the owner of the land. If lodging this application, the applicant is responsible for ensuring the information provided is correct and that they are authorised to manage the application on the owner’s behalf. | |  |  |  |  | | --- | --- | --- | --- | | Applicant name: | |  | Phone number: | |  | |  |  | | Company name in full: | |  |  | |  | | | | | Email address |  | |  | |  | | | | |
| 1. **Declaration**   The local government will rely on the owner applicant information when assessing the application. | **I hereby state that that the information provided in this form is a true and accurate record.**  Signature Date   |  |  |  | | --- | --- | --- | |  |  |  | |
| **PRIVACY NOTICE**: The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government’s financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*. **RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations and is subject to the Right to Information regime established by the *Right to Information Act 2009*. | |

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| **OFFICE USE ONLY** | **FEE ($)** |  | **DATE**  **RECEIVED** |  | **RECEIVING OFFICER’S NAME/S** |  | **REFERENCE NUMBER/S** |  |

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