Cobar Shire Council 36 Linsley St PO Box 223 COBAR NSW 2835 ABN Number: 71 579 717 155



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**NOTICE OF WORK** 

## For Plumbing and Drainage Work

PROPERTY AND OWNER I	DETAILS				
Owner:					
Address:		Sub	ourb:Post	Code:	
Lot No.:	Sect	ion No.:	DP No.:		
Nearest Cross Street:					
LICENSEE'S DETAILS					
Name:					
			Suburb:		
Company/Organisation:					
			Iobile:		
Qualified Supervisor No.:	Expiry Date:				
Licence No.:	Expiry Date:				
WORK OF WATER SUPPL	Y				
Description of work carried our		appropriate box and	provide full description)		
☐ CONNNECTION TO W	N SYSTEM_ VE WATER S DN/MAINTEN /ATER SUPP SCONNECT O	SERVICES_ NANCE OF THERM LY_ DR REMOVE A BAG	OSTATIC MIXING VALVECKFLOW PREVENTION DEVICE_		
			ALTERNATIVE SOLUTION	COMBINED	
WORK OF SANITARY PLU	MBING/DRA	AINAGE AND SUPI	PLY DRAINAGE PLAN		
Description of work carried ou	t: (please tick	appropriate box and	provide full description)		
CARRY OUT WORK O CONNECTION TO SEVER CONNECTION CARRY OUT TRADE	OF SANITARY WER N WASTE DRA	Y PLUMBING/DRA	INAGE		
			☐ ALTERNATIVE SOLUTION		
Date of Commencement of Wo	ork		Estimated Date of	f Completion of Work	
DECLARATION					
WORK, in accordance with  This NOTICE OF WORK is  The corresponding number completion of a FINAL INS	n provisions of must be produ- red CERTIFI SPECTION or	the Regulators Act, ced on the request by CATE OF COMPL the above work.	JANCE must be submitted by yo		
Signature of Licensed Plumber	/Drainer:				