Form 7—Notification of responsible person

Version 1 – July / 2019

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| **GENERAL NOTES: This form is to be used for the purposes of section 63(5) of the Plumbing and Drainage Regulation 2019.** 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)* | | | | |
| **2. Permit details**  Provide a permit number if the permit has been approved by local government. | Permit number Date permit issued (if known)  *Note: Subject to section 66(1) of the Plumbing and Drainage Act 2018, a person must not carry out permit work unless the person has a permit for the work and complies with the permit and any conditions of the permit.* | | | | |
| **3. Description of work**  Tick the appropriate boxes and if necessary provide a description of the work to be performed or that has been performed. | **□** Work to be completed or □ Work that has been completed   1. □ Water supply pipes laid under a floor slab or in another area 2. □ Water supply pipes laid below ground level and external to a building or other structure 3. □ Water supply pipes installed in a building or other structure 4. □ Sanitary drainage laid under a floor slab 5. □ Sanitary drainage laid below ground level and external to a building or other structure 6. □ Sanitary plumbing installed in a building or other structure 7. □ Installation of a treatment plant (e.g. septic tank, on-site sewage or greywater treatment plant) 8. □ Installation of a component of an on-site sewage facility (e.g. treatment plant or land land application area) 9. □ Installation of a water heater 10. □ Final fit off (including fixtures) 11. □ Other (not mentioned above including installation of any apparatus or other appliances)   *Provide a brief description of the work* | | | | |
| **4. Responsible person**  The ‘responsible person’ is a person who is licensed to perform the work and either performs or supervises the performance of the work. | Name *(in full)*  Occupational licence number Contractor licence number (if applicable)  Phone number Email address Postal address | | | | |
| **5. Contractor licence**  If the ‘responsible person’ is not the contractor for the work, the contractor’s details must be provided here. | Full name of company *(or individual if not a company)*  Contractor licence number  Phone number Email address | | | | |
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| **6. Notice by responsible person of withdrawal** | Date I stopped being the responsible person for the work | | | | |
| **7. Declaration** | **I hereby state that that the information provided in this form is a true and accurate record.**  Signature Date | | | | |
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| **Privacy:** 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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