

Form 7—Notification of responsible person

Version 1 – July / 2019

GENERAL NOTES: This for	m is to be used for the pur	ooses of section 63(5) of t	the Plumbing and Drainage					
Regulation 2019. Completio								
1. Description of land	Street address (include number, street, suburb/locality and postcode)							
The description must identify all land the subject								
of the application. The lot	Lot and plan:							
and plan details (e.g. SP/RP) are shown on title								
documents or a rates								
notice.	Shop/tenancy number	Storey/level	Local government area					
	(if applicable)	(if applicable)						
2. Permit details	Permit number Date permit issued (if known)							
Provide a permit number if								
the permit has been approved by local government.	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	☐ Work to be completed or ☐ Work that has been completed							
and if necessary provide a description of the work to	□ Water supply pipes laid under a floor slab or in another area							
be performed or that has been performed.	2. Water supply pipes laid below ground level and external to a building or other structure							
been penomica.	 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)							
		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	Name (in full)							
The 'responsible person' is								
a person who is licensed to perform the work and	Occupational licence number Contractor licence number (if applicable)							
either performs or	Phone number	Email address						
supervises the performance of the work.	Postal address							
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5. Contractor licence	Full name of company (or individual if not a company)							
If the 'responsible person' is not the contractor for the	Contractor licence number							
work, the contractor's details must be provided	Contractor notified fulfiber							
here.	Phone number	Email address						

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		

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*.

OFFICE USE ONLY	FEE (\$)	DATE RECEIVED	RECEIVING OFFICER'S NAME/S	REFERENCE NUMBER/S	

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