Postal: PO Box 15 Address: Longford T		-							13 \$	Location: 13 Smith Street Longford Tas 7301	
Phone: Fax:	(03) 6397 7303 (03) 6397 7331		Ν	NORTHERN MIDLANDS COUNCIL				LOII	gioru ras 7301		
v			LLATION CERTIFICATE ROOFING OF WET AREAS					This is to be submitted to Council prior to the issuing of a Completion Certificate			
Property No	:					Building Permi	t No:				
Property Address:											
Builders Name:						Contact No:					
Work Description:											
INSTALLATION DETAILS:											
Installers De (Please Circ		Owner Build	ler	Build	ler	Acc	redited Ir	nstaller		Other	
Installers Na	ame:										
Address:											
Accreditation No:						Contact No:					
Name of the Person who ap		applied the w	aterproofing	system:							
Material Used:											
Product Acc	reditation No:					Issued By:					
Guarantee/Warranty:											
Work Description:											
Areas Treated (Please Circle)		Bathroom	Laundry	En-suite	9	Water Clos	et	Other			
Date 1 st Coa	at Applied:			Date 2 ⁿ	^d Coa	t Applied:			Other:		
Primer Coat Used: Yes No Product Used (If Yes)											
		ght and position comply with AS 374-2004. s within residential buildings:						Yes	No		
If NO (please state why)											
Membrane to residential b		nge complies	with AS 37	4-2004 W	/aterp	proofing of wet a	reas with	nin	Yes	No	
lf NO (pleas											
with the requ		rproofing requirement at the above address been installed, and comply e Building Code of Australia and AS 3740 Waterproofing of wet areas						Yes	No		
lf NO (pleas	e state why)										
		Name	e [print]			Sigr	ned			Date	
Installer:											
Position H	leld:										