NOTIFICATION OF INTENTION TO INSTALL
HEATING APPLIANCE*

Regulation 55

(* A stove, heater or similar	⁻ appliance that	burns oil or solid fuel))			
To:					Permit Authority	Form 53
					Address	Form JJ
					Suburb/postcode	
Owner/installer	r details:					
Owner:						
Address:					Phone No:	
					Fax No:	
				Email address:		
Installer:						
Address:					Phone No:	
					Fax No:	
Registration No. if ap	plicable:]	Email address:		
Details of installation:						
Address:					(address of proposed	installation)
]	
		(X the at	oplicable box.)			
new:	second-ł	nand: replace	ement:	freestanding:	built-in:	flue only:
Appliance type:					fu	el used:
Make:					moo	del No.:
						the applicable box.)
Manufacturer:					AS 2918- tested:	yes: no:
Address:					compliance ce	ert. No.
					emission ce	
Flue type:					hear	th type:
Notification de	tails:					
This heating appli	ance is inte	ended to be inst	alled at the	above addr	ess on:	Date:
Note: Minimum two	days notifica	ation must be give	en prior to in	stallation.		

(Delete one not applicable)	Name: [print]	Signed	Date
Owner/Installer:			