



BOROUGH OF ASHBURTON

PLEASE REPLY :
HEALTH & TOWN PLANNING OFFICER,
P.O. BOX 85, ASHBURTON
PHONE 5139

PERMIT APPLICATION.

FOR INSTALLATION OF A HEATING APPLIANCE

I hereby apply for permission to install a

Kent Log Fire.

(Make and Type of Unit)

Wet back ~~Yes~~/No.

Name of Plumber.....

W. Slaven

For.....

(Name of Owner)

W. Slaven

at.....

(Address)

9 Miller Ave

I agree to install as per the manufacturers requirements and will

advise your office giving 24 hours notice prior to fixing the ceiling plate.

Value of Unit and Installation \$.....Date.....

1000
~~875~~

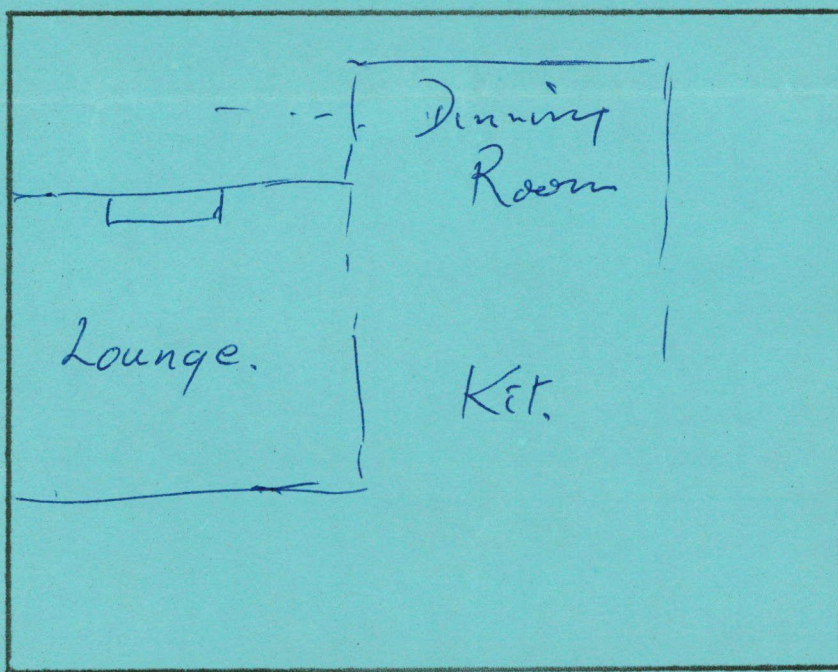
4 4 85

Signed.....

Address.....

W. Slaven

9 Miller Ave



Sketch of

← Position of

Unit in Room.

Office Use Only.

Permit Fee \$.....

20

Receipt No.....

12517

Date.....

12/4/85

Lot.....

5

D.P.....

20441

T.S.....

Valuation No.....

24523/300

Permit No.....

C045875

Date.....

16/4/85

File No.

60/412

ASHBURTON BOROUGH COUNCIL

No. _____

Inspector: M _____

File No. *60/412*

Receipt No. _____

Date Permit Issued / /

OWNER

Name *W SKAVEN*

Mailing Address *9 MILLER AVENUE*

ASHBURTON

BUILDER

Name *OWNER*

Mailing Address _____

PROPERTY ON WHICH BUILDING IS TO BE ERECTED/DEMOLISHED

SITE

Street No. *9*

Street Name *MILLER AVENUE*

Town/District *ASHBURTON*

Riding _____

LEGAL DESCRIPTION

Valuation Roll No. *24523/300*

Lot *5* D.P. *20441*

Section _____ Block _____

Survey District _____

DESCRIPTION OF PROPOSED WORK AND MAIN PURPOSE OF USE

DOMESTIC SOLID FUEL HEATER

FLOOR AREA

DWELLING UNITS

Whole
Sq. Metres

Number
Erected

ESTIMATED
VALUES
\$

Building
Plumbing
Drainage
TOTAL

1000

1000

NATURE OF PERMIT (TICK BOX)

- ☐ NEW BUILDING
– exclude domestic garages and domestic outbuildings
- ☐ FOUNDATIONS ONLY
- ☒ ALTERED, REPAIRED, EXTENDED
– include conversions and resited buildings
- ☐ NEW CONSTRUCTION
OTHER THAN BUILDINGS – include demolitions
- ☐ DOMESTIC GARAGES
AND DOMESTIC OUTBUILDINGS

FEES APPLICABLE

Building Permit \$ *20*
Street Damage Deposit . \$ _____
Building Research Levy .. \$ _____
Plumbing \$ _____
Drainage \$ _____
Sewer Connection \$ _____

Water Connection \$ _____
Vehicle Crossing Levy ... \$ _____
M.S. Plumbing \$ _____
TOTAL: \$ *20*

Receipt No. *12527*
Date of Payment *12 / 4 / 85*
Authorised Officer _____

Special Conditions: *Log fire No w/b.*

STANDARD NOTICE ATTACHED

Robert 16/4/85

Date Inspected

REMARKS (e.g. stage reached with work)

7/5/85

GRS

[illegible]

COMPLETED (Signature) _____ Date _____/_____/_____