



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..... R MERRIN

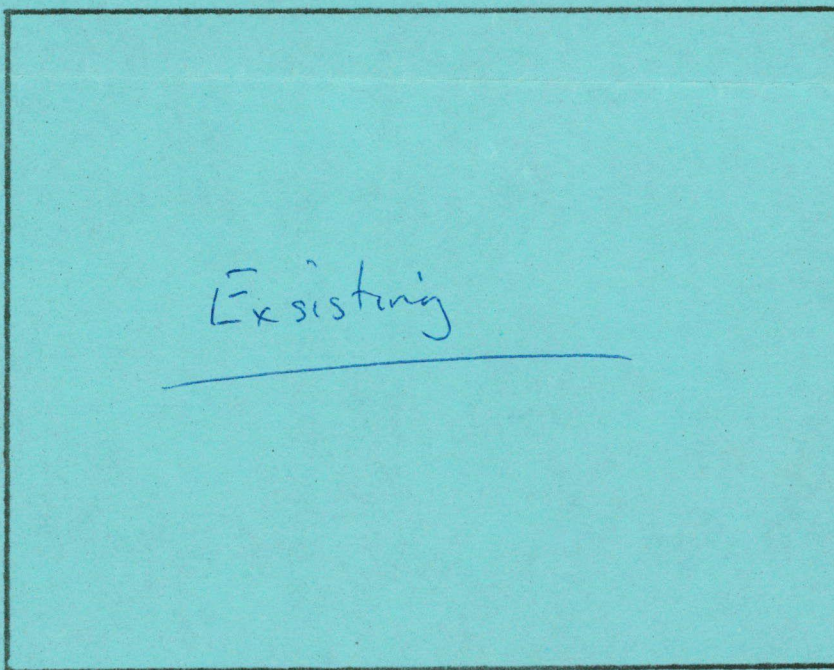
For..... D F GORDON
(Name of Owner)

at..... 8 WOODHAM DRIVE
(Address)

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 \$..... 995 Date..... 3/9/85

Signed..... D Gordon Address..... 8 WOODHAM DRIVE



Sketch of
← Position of
Unit in Room.

Office Use Only.

Permit Fee \$..... 15.00 Receipt No..... 11823 Date..... 3-9-84

Lot..... 12 D.P..... 33267 T.S.....

Valuation No..... 24524/452

Permit No..... C002335 Date..... 5/9/84

File No.

77/91 ✓

ASHBURTON BOROUGH COUNCIL

Inspector: M _____

File No. 77/91

Receipt No. _____

Date Permit Issued / /

OWNER	
Name	<u>D I GORDON</u>
Mailing Address	<u>8 WOODHAM DRIVE</u> <u>ASHBURTON</u>

BUILDER	
Name	<u>OWNER</u>
Mailing Address	_____ _____ _____

PROPERTY ON WHICH BUILDING IS TO BE ERECTED/DEMOLISHED

SITE	
Street No.	<u>8</u>
Street Name	<u>WOODHAM DRIVE</u>
Town/District	<u>ASHBURTON</u>
Riding	_____

LEGAL DESCRIPTION	
Valuation Roll No.	<u>24524/452</u>
Lot	<u>12</u>
D.P.	<u>33264</u>
Section	_____
Block	_____
Survey District	_____

DESCRIPTION OF PROPOSED WORK AND MAIN PURPOSE OF USE

DOMESTIC SOLID FUEL HEATER

FLOOR AREA		DWELLING UNITS	
Whole Sq. Metres	<u>✓</u>	Number Erected	<u>✓</u>
ESTIMATED VALUES \$	Building	<u>995</u>	
	Plumbing		
	Drainage		
	TOTAL	<u>995</u>	

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	\$ <u>15</u>	Water Connection	\$ _____	Receipt No.	<u>11823</u>
Street Damage Deposit	\$ _____	Vehicle Crossing Levy	\$ _____	Date of Payment	<u>3 / 9 / 84</u>
Building Research Levy	\$ _____	M.S. Plumbing	\$ _____	Authorised Officer	_____
Plumbing	\$ _____		\$ _____		
Drainage	\$ _____		\$ _____		
Sewer Connection	\$ _____	TOTAL:	\$ <u>15</u>		

Special Conditions: LOG FIRE No w/B.

STANDARD NOTICE ATTACHED

Robert 5/9/84.

Date Inspected REMARKS (e.g. stage reached with work)

12/11/84

ASH

Date Inspected

COMPLETED (Signature) _____ Date _____/_____/_____