



Plumbing and Drainage Audit Inspection Application					
<b>Application Details</b>					
Given Name(s):	<input type="text" value="Firstyle Homes Pty Ltd"/>	Surname:	<input type="text" value="Tamburri"/>		
Contact Number:	<input type="text" value="9731 9600"/>				
Contact Email Address:	<input type="text" value="sandra@firstyle.com.au"/>				
<b>Property Details</b>					
Lot Number:	<input type="text" value="2235"/>	Deposited Plan Number/Proposed Deposited Plan Number:	<input type="text" value="1171491"/>		
Master Strata Plan Number:	<input type="text"/>				
Unit Number:	<input type="text"/>	Street Number:	<input type="text"/>		
Street Name:	<input type="text" value="William Hart"/>	Street Type:	<input type="text" value="Crescent"/>		
Suburb:	<input type="text" value="PENRITH"/>	State:	<input type="text" value="NSW"/>	Postcode:	<input type="text" value="2750"/>
<b>Proposed Property Location</b>					
Proposed Property Location:	<input type="text" value="PENRITH"/>				
<b>Inspection Details</b>					
Inspection Details:	<input type="text" value="Rainwater Tank"/>				
Original inspection reference number:	<input type="text"/>				
Type of Work:	<input type="text" value="j0 Plumbing j0 Drainage j0 Plumbing &amp; Drainage"/>				
Description of Building:	<input type="text" value="Residential Single Dwelling - Standard Construction"/>				
No of Additional Inspections:	<input type="text" value="2"/>				
<b>Comments</b>					
<input type="text"/>					

# Aspect Development & Survey

## Condition of Footpath / Kerb & Gutter Prior to Commencement of Building Works

To: Council/Engineers Department

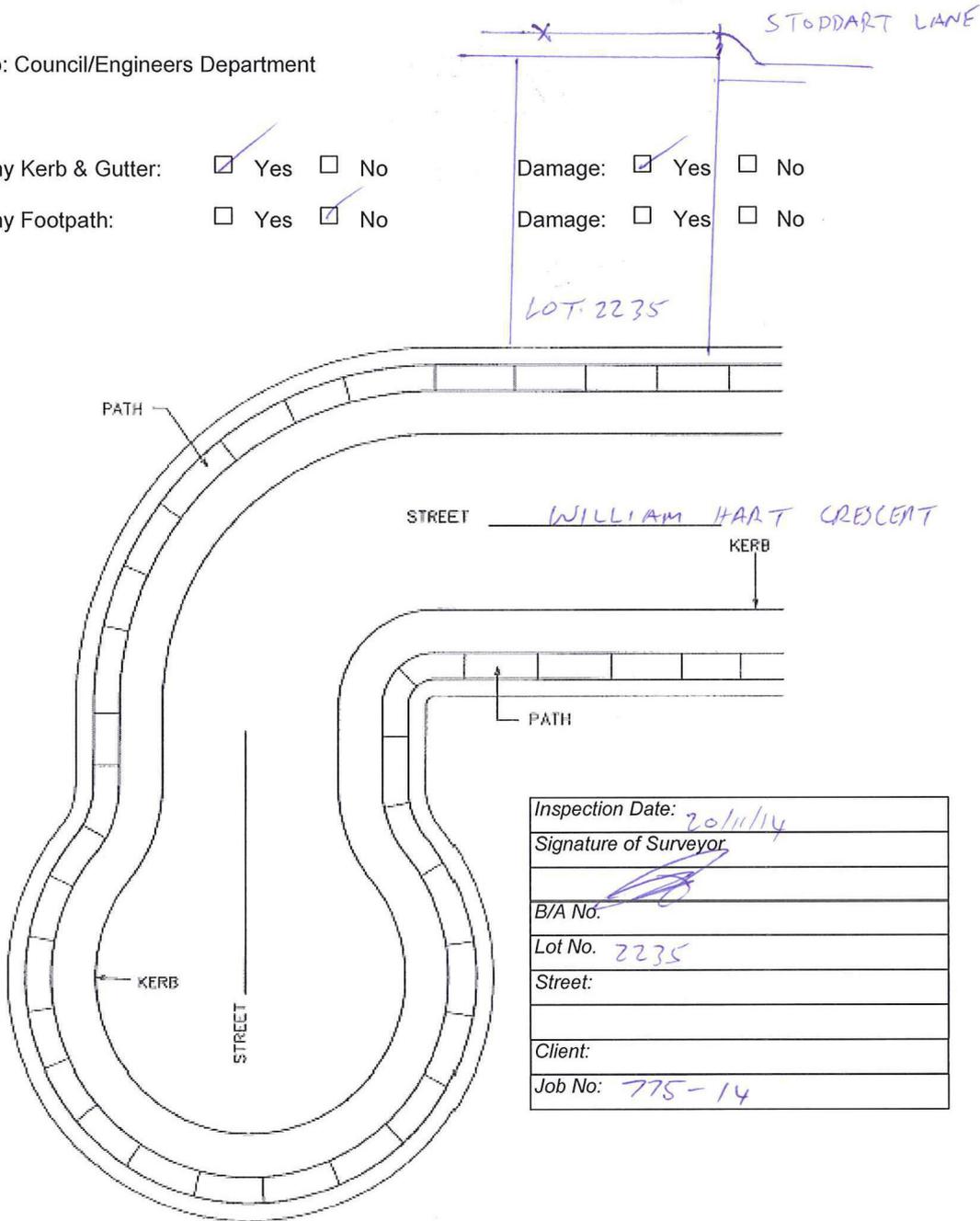
Any Kerb & Gutter:  Yes  No

Any Footpath:  Yes  No

Damage:  Yes  No

Damage:  Yes  No

LOT 2235



Inspection Date:	20/11/14
Signature of Surveyor:	
B/A No.:	
Lot No.:	2235
Street:	
Client:	
Job No.:	775-14

Note: Each damaged section must be indicated by a cross (X)