

	LICENSED BUILDING SUPERVISOR FORM	Form No:	ENV004
		Version No:	1
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		Last Updated:	19 April 2016
		Form Ownership:	Administration Officer Environmental Services
		Relevant Policy/Act:	

To: **District Council of Grant**
PO Box 724
MOUNT GAMBIER SA 5290

I _____ (*name of licensed Building Supervisor*) have agreed to be the relevant Licensed Building Supervisor and sign off on all paperwork and statutory inspections for _____ (*Nature of Development, eg, Private Dwelling etc*) at _____

 (*property address*) for _____ (*owner's name*).

 (*Signature of Licensed Building Supervisor*)

 (*Supervisor's License Number*)

 (*Printed name of Licensed Building Supervisor*)

 (*Date*)

 (*Postal Address*)