

COMPLYING DEVELOPMENT CERTIFICATE APPLICATION



Suite 2, Level 2, 2 Rowe St,
Eastwood NSW 2122
P:(02) 9191 0400
F:(02) 9191 0401
E: admin@certified.net.au

1. Applicant Details

This Part to be completed by person having ultimate benefit of development consent	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Surname (or Company):
	Given names (or ABN):
	Address:
	State: Post Code:
	Phone: () Fax: ()
	Mobile:
	Email:

2. Property Identification

Subject property details	Address:
	State: Post Code:
	Lot: DP/SP
	Council Area:
	Land Zoning:

3. Owners Details

This Part to be completed if different from the applicants details	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Surname (or Company):
	Given names (or ABN):
	Address:
	State: Post Code:
	Phone: () Fax: ()
	Mobile:
	Email:

4. Description of Development

Provide a description of Proposed Complying Development	Use of land/building	<input type="checkbox"/>
	Erection of a building	<input type="checkbox"/>
	Carrying out of work	<input type="checkbox"/>
	Demolition	<input type="checkbox"/>
Other	<input type="checkbox"/>	
Describe development:		
Proposed use:		

5. Building Classification

Provide Building Code of Australia (BCA) classification of building	BCA Classification:
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6. Estimated Cost of Works

Total cost including GST	\$
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7. Environmental Planning Instrument

Environmental Planning Instrument (EPI) under which the development is complying development.	State Environmental Planning Policy - Exempt & Complying Code (2008)
	State Environmental Planning Policy - Affordable Rental Housing Code (2009)

8. Asbestos

Provide details relating to Building/Demolition works associated with Asbestos.	Asbestos The estimated area (if any), in square metres, of bonded asbestos material or friable asbestos material that will be disturbed, repaired or removed in carrying out the development
	Bonded asbestos material _____ m ²
	Friable asbestos material _____ m ²

8. Principal Contractor Details

Provide details of Principal Contractor of development	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Name:
	Company:
	Address:
	State: Post Code:
	Phone: () Fax: ()
	Mobile:
	Email:
Principal Contractor details	Contractor License No. (where residential work is involved):

9. Applicant Declaration

<p>Applicant to tick all declaration items and sign declaration.</p> <p>If applicant is a company or strata title body corporate, a director or authorised delegate must sign this declaration</p>	<p>Declaration: Please tick the following declaration items</p> <p><input type="checkbox"/> I/We apply for approval to carry out the development the subject of this Complying Development Application.</p> <p><input type="checkbox"/> I/We declare that all the information in the application and checklist is true and correct to the best of my/our knowledge and hereby indemnify the certifying authority and PCA against any damage and losses as a result of incorrect information submitted.</p> <p><input type="checkbox"/> I/We understand that if the information is incomplete the application may be delayed or rejected or more information may be requested.</p> <p><input type="checkbox"/> I/We acknowledge that if the information provided is misleading any Complying Development approval granted may be void</p> <p><input type="checkbox"/> I/We understand that building works cannot commence until 2 days after the appointment of PCA and it is my/our responsibility to arrange all mandatory critical stage inspections via prior written notice.</p> <p><input type="checkbox"/> I/We understand that if a mandatory critical stage inspection is missed or if we do not construct the building in accordance with the Complying Development Certificate approval, the PCA will be unable to issue an Occupation Certificate.</p> <p><input type="checkbox"/> I/We have completed the application checklist and schedules 1,2 and 3 and acknowledge that the Complying Development Certificate application is incomplete until all documentation is submitted.</p> <p><input type="checkbox"/> I/We hereby appoint Steven Saad of Certified Building Specialists as the Principal Certifying Authority (PCA) for the building works identified in this application. (Select this item only if you wish to appoint a PCA)</p>
	<p>Signed (Applicant):</p>
	<p>Date:</p>

10. Owners Consent

<p>Every owner of the land must sign this form.</p> <p>Owner(s) to tick all declaration items and sign declaration. If applicant is a company or strata title body corporate, a director or authorised delegate must sign this declaration</p>	<p>Declaration: Please tick the following declaration items</p> <p><input type="checkbox"/> I/We authorise the right of entry into the subject property to conduct inspections of building works forming part of the scope of this Complying Development Certificate</p> <p><input type="checkbox"/> As owners of the property the subject of this Complying Development Certificate application, I/We hereby consent to this application.</p>
	<p>Signed Owner(s):</p>
	<p>Print Name(s):</p>
	<p>Date:</p>

NOTICE OF COMMENCEMENT AND OF PRINCIPAL CERTIFYING AUTHORITY



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1. Details of Applicant

This Part to be completed by person having ultimate benefit of development consent	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Applicant's name:
	Address:
	State: Post Code:
	Phone: () Fax: ()
	Mobile:
	Email:

2. Details of the Land to be Developed

Subject property details	Address:
	State: Post Code:
	Lot: DP/SP
	Council Area:

3. Description of Works

Provide a description of building works	Describe type of building works:

4. Development Approval

Provide details of CDC Approval	Complying Development Consent No.
	Date of determination:

5. Appointment of Principal Certifying Authority

Details of Principal Certifying Authority	Certifying Authority: Steven Saad for Certified Building Specialists
	Accreditation Body: Building Professionals Board
	Phone: (02) 9191 0400 Fax: (02) 9191 0401
	Mobile: 0412 569 763
	Email: steven@certified.net.au
	Address: Suite 2, Level 2, 2 Rowe St, Eastwood NSW 2122

11. Applicant's Declaration

The applicant, or the applicant's agent must sign this notice

Signed (Applicant(s)):

Name:

In what capacity are you signing if you are not the applicant:

Date:

Privacy Policy

The information you provide in this notice is required under the Environmental Planning and Assessment Act 1979 if you are going to erect a building or carry out subdivision work. If you do not provide the information to the consent authority, you cannot commence the work. The information will be held by the consent authority and by the council (if the council is not the consent authority). Please contact the council if the information you have provided in this notice is incorrect or changes.

APPLICATION FOR OCCUPATION CERTIFICATE



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Part 1 – Application Details

Type of Certificate	<input type="checkbox"/> Interim (IOC) <input type="checkbox"/> Final (OC)
Applicant To be completed by person having ultimate benefit of consent	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Surname (or Company):
	Given names (or ABN):
	Address:
	State: Post Code:
	Phone: () Fax: ()
	Mobile: Email:
Subject land	Address:
	State: Post Code:
	Lot: DP/SP
	Council Area:

Part 2– Development Description

Development Consent or Complying Development Certificate	DA/CDC Consent No.
	Date of determination:
Building details and area of occupation	Application for whole or part of building: (if part describe)
	Describe the use of the building:
	BCA Classification:

Part 3 – Accompanying Documentation

Accompanying Documentation	The following information must accompany an application for an Occupation Certificate
	▪ A copy of the DA or CDC
	▪ A copy of the Construction Certificate(s)
	▪ A Final or Interim Fire Safety Certificate
	▪ Other certificates or documentation relied upon

Part 4 – Applicant Declaration

Declaration	I declare that all the information in this application is, to the best of my knowledge, true and accurate. I also understand that if the information is incomplete the application may be delayed or rejected or more information may be requested. I acknowledge that if the information is misleading, any approval granted may be void.
	Signed: _____ Date: / /
	Name (print): _____