

# CONSTRUCTION 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](mailto:admin@certified.net.au)

## 1. Application Details

Please note that the applicant <b>cannot</b> be the builder unless the builder is the owner of the property.	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. Subject Property Identification

	Address:
	State: Post Code:
	Lot: DP/SP
	Council Area:

## 3. Owners 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:



	<ul style="list-style-type: none"> <li>• I/We understand that if the information is incomplete the application may be delayed or rejected or more information may be requested.</li> <li>• I/We acknowledge that if the information provided is misleading any Construction Certificate approval granted may be void</li> <li>• 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.</li> <li>• I/We understand that if a mandatory critical stage inspection is missed or if we do not construct the building in accordance with the Construction Certificate approval, the PCA will be unable to issue an Occupation Certificate.</li> <li>• I/We have completed the application checklist and schedules 1,2 and 3 and acknowledge that the Construction Certificate application is incomplete until all documentation is submitted.</li> <li>• 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)</li> </ul> <p>In signing this application form I/We declare the abovementioned terms and conditions.</p>
	Signed (Applicant):
	Date:
<b>10. Owners Consent</b>	
<p>Owner to declare 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><b>Declaration:</b></p> <ul style="list-style-type: none"> <li>• I/We authorise the right of entry into the subject property to conduct inspections of building works forming part of the scope of this Construction Certificate</li> <li>• As owners of the property the subject of this Construction Certificate application, I/We hereby consent to this application.</li> </ul> <p>In signing this application form I/We declare the abovementioned terms and conditions.</p>
	Signed (Owner(s)):
	Date:

## Schedule 1. Application for a Construction Certificate

Please complete this schedule. The information will be sent to the Australian Bureau of Statistics.

<b>All new buildings</b>	Please complete the following:							
	Number of Storeys (including underground floors)							
	Gross floor area of new building (m <sup>2</sup> )							
	Gross site area (m <sup>2</sup> )							
<b>Residential buildings only</b>	Please complete the following details on residential structures:							
	Number of dwellings to be constructed							
	Number of pre existing dwellings on site							
	Number of dwellings to be demolished							
	Will the new dwelling(s) be attached to other new dwellings?			Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Will the new building(s) be attached to existing buildings?			Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Does the site contain a dual occupancy? (NB dual occupancy two dwellings on the same site)			Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Materials - Residential buildings</b>	Please indicate the materials to be used in the construction of the new building(s): Place Y adjacent to applicable materials							
	Walls	Code	Roof	Code	Floor	Code	Frame	Code
	Brick (double)	<input type="checkbox"/> 11	Tiles	<input type="checkbox"/> 10	Concrete or slate	<input type="checkbox"/> 20	Timber	<input type="checkbox"/> 40
	Brick (vener)	<input type="checkbox"/> 12	Concrete or Slate	<input type="checkbox"/> 20	Timber	<input type="checkbox"/> 40	Steel	<input type="checkbox"/> 60
	Concrete or stone	<input type="checkbox"/> 20	Fibre Cement	<input type="checkbox"/> 30	Other	<input type="checkbox"/> 80	Aluminium	<input type="checkbox"/> 70
	Fibre cement	<input type="checkbox"/> 30	Steel	<input type="checkbox"/> 60	Not Specified	<input type="checkbox"/> 90	Other	<input type="checkbox"/> 80
	Timber	<input type="checkbox"/> 40	Aluminium	<input type="checkbox"/> 20			Not Specified	<input type="checkbox"/> 90
	Curtain Glass	<input type="checkbox"/> 50	Other	<input type="checkbox"/> 20				
	Steel	<input type="checkbox"/> 60	Not specified	<input type="checkbox"/> 20				
	Aluminium	<input type="checkbox"/> 70						
Other	<input type="checkbox"/> 80							
Not specified	<input type="checkbox"/> 90							

# NOTICE OF COMMENCEMENT AND OF PRINCIPAL CERTIFYING AUTHORITY



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

## 1. Details of Applicant

Please note that the applicant <b>cannot</b> be the builder unless the builder is the owner of the property.	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. Subject Property Identification

	Address:
	State: Post Code:
	Lot: DP/SP
	Council Area:

## 3. Description of Works

Provide a description of the works to be approved as per the Development Consent	Describe works as per the Development Consent:

## 4. Development Consent

	Development Consent No.
	Date of determination:
	Approval Authority:

5. Construction Certificate	
	Construction Certificate No.
	Date of determination:
6. Appointment 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
	Email: <a href="mailto:steven@certified.net.au">steven@certified.net.au</a>
	Address: Suite 2, Level 2, 2 Rowe St, Eastwood NSW 2122
7. Compliance with Conditions	
	Have all conditions required to be satisfied prior to the commencement of work been satisfied?      Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Principal Contractor Details	
Provide details of Principal Contractor of development (required for all projects)	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:
	Email:
	Licence Number <b>(Mandatory)</b> :
9. Date of Commencement	
Commencement Date	Date that works are to commence on:

## 10. Principal Certifiers Declaration

To be completed and signed by PCA	<b>Declaration:</b> <ul style="list-style-type: none"><li>• Certified Building Specialists acknowledge that they have been appointed by the applicant to carry out the role of the Principal Certifying Authority for this development.</li><li>• Certified Building Specialists acknowledge that they have seen evidence that the builder is licensed and insured.</li></ul>
	<b>Signed:</b> <b>Name:</b> (on behalf of Certified Building Specialists)
	<b>Date:</b>

## 11. Applicant's Declaration

The applicant must sign this notice	<b>Signed Applicant(s):</b> <b>Name:</b>
	<b>Date:</b>

## 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.

# OCCUPATION CERTIFICATE APPLICATION



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## 1. Occupation Certificate Type

Type of Occupation  
Certificate

Interim (IOC)

Final (OC)

## 2. Application Details

Please note that the applicant **cannot** be the builder unless the builder is the owner of the property.

Mr  Mrs  Miss  Ms  Other

Surname (or Company):

Given names (or ABN):

Address:

State:

Post Code:

Phone:

Fax:

Mobile:

Email:

## 3. Subject Property Identification

Address:

State:

Post Code:

Lot:

DP/SP

Council Area:

## 4. Description of Development

Provide a description of the works to be approved as per the Development Consent

Describe Entire Project as per the Development Consent:

Is the OC for Whole or Part of the Development:

If Part Describe:



## 5. Building Classification

Tick the relevant class	BCA Classification:								
	1a	1b	2	3	4	5	6	7a	7b
	8	9a	9b	9c	10a	10b	10c		

## 6. Development Consent

	Development Consent No.
	Date of determination:
	Approval Authority:

## 7. Construction Certificate

	Construction Certificate No.
	Date of determination:

## 8. Applicant Declaration

Applicant to declare items and sign declaration.	<p>Declaration:</p> <ul style="list-style-type: none"> <li>I/We declare that all the information in this application is, to the best of my knowledge, true and accurate.</li> <li>I/We also understand that if the information is incomplete the application may be delayed or rejected or more information may be requested.</li> <li>I/We acknowledge that if the information is misleading, any approval granted may be void.</li> </ul> <p>In signing this application form, I/We declare the abovementioned terms and conditions.</p>
	Signed (Applicant):
	Date: