- ACCREDITED CERTIFIERS
- PRINCIPAL CERTIFYING AUTHORITY
- CONSTRUCTION CERTIFICATES
- FIRE SAFETY/BUILDING CONSULTANTS

## NSW BUILDING CERTIFIERS

		tificate Application 2) and 91A (4) of the Environmental Diagoning and A	ecocomont Act 1070		
<b>1</b> .	r Section 109C (1) (b), 81A (2) and 81A (4) of the Environmental Planning and Assessment Act 1979  Details of the applicant				
	Mr Ms Mrs Mrs	Other			
	First name	Family name Compan	Company/ Organisation		
	Flat/street no.	Street name			
	Suburb or town	State	Postcode		
2.	Identify the land	,			
	Level / Flat no.	Street no. & Street name			
	Suburb or town	State	Postcode		
	Lot no.	DP/ MPS no.	Section		
3.	Describe the development  What type of work do you propose to carry out?  Building work Subdivision work   Describe the work				
4.	Type of Application Pr	roposed 5. BCA Class	sification		
6.	Signatures Applicant's Signature Signature & Print Name	Date			

## Owners' Consent

- Every owner of the land must sign this application.
- If the owner is a company, this form must be signed by an authorised director of the company.
- If the property is a unit under strata title, or a lot in a community title, this form must be signed by the chairperson or the secretary of the Body Corporate or the appointed managing agent.
- If you are signing on the owner's behalf as the owner's legal representative, you must state the nature of your legal authority and attach documentary evidence (e.g. power of attorney, executor, trustee, company director, etc

As the owner(s) of the above property, I/we consent to this application. I also consent for NSW Building Certifiers staff to enter the land to carry out inspections relating to this application.

Owners Signature Signature			Owners Signature Signature		
Name Of Do	roon and/ or Company Name	0 Addraga	Name Of Person and/ or Company Name & Address		
Name Of Pe	rson and/ or Company Name	: & Address	Name Of Person and/ of Company Name & Address		
Date			Date		
Dute			Duic		
Informati	on to be attached to	the applicatio	n		
You need to	provide material with your ar	oplication that is rele	evant to the type of work you have done. Please indicate th		
material you	have attached by placing a c	cross in the appropr	iate boxes ::		
, <b>,</b>	, , , , , , , , , , , , , , , , , , ,				
☐ Struc	tural certification				
	Survey report  Wet area waterproofing certificate				
	Termite control certificate  Smoke detector certificate  Basix completion  Glazing certificate				
	on 73 Certificate from Sydne	y Water			
	Landscaping				
	Fire safety measures				
	Fire safety certificate				
	Mechanical ventilation				
	Stormwater drainage including works-as-executed stormwater detail				
	Trade waste permit from Sydney Water for food premises				
U Othe	r (please specify)				
OFFICE USE	ONLY: date received				
	SUITE 15/2-12 GLEBE POINT ROAD GLEBE	MOBILE 0400 113 80 PHONE (02) 9518 77			
	NSW 2037	FAX (02) 9518 6310			