



PRIVATE BUILDING CERTIFIERS

APPLICATION FORM/ APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY/ NOTICE OF COMMENCEMENT

Environmental Planning and Assessment Act 1979 Sections Clause 84A & 109C of EP&A Regulation 2000

1. Application Sought

- Construction Certificate
- Complying Development Certificate
- Occupation Certificate – Interim/ Final
- To appoint the Principal Certifying Authority.

Office use only

Date of Receipt / /

Date of Receipt / /

Date of Receipt / /

2. Applicant's Details

Name

Address

Suburb or town

State

Postcode

Telephone

Fax

Mobile

Email

Note: The applicant must be the property owner or a person authorised by the owner to lodge the application. However a building contractor cannot be the applicant unless they are the owner of the property.

3. Owner Consent

Name

Address

As the owner/owner agent of the subject property, I/we hereby consent to this Application of this certificate for the proposed building works described in this application.

Signature

Date

4. Subject Property

Unit/Street no.

Street Name

Suburb or town

State

Postcode

Lot/ Portion

Section

DP No



5. Description of the Building Work

Building Code of Australia Classification/Use

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Estimated Cost of Work

\$

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including GST

6. Builder/Principal Contractor

Name

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Address

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Telephone

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License No/OB Permit No

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7. Development Consent & Certificate

Development Consent No

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Date of Determination

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Construction Certificate/Complying Development Certificate No

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Date of Determination

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8. Compliance with Conditions of Consent & Date of Commencement

Have all conditions of the Development Consent/Complying Development Certificate been satisfied?

Yes

No

Have the requirements under the Home Building Act 1989 been satisfied?

Yes

No

Date Work is to Commence:

Two (2) days from the lodgment of this form with the Consent Authority

9. Appointment of the Principal Certifying Authority

Name

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Accreditation No

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Address

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Telephone

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Email

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I accept the appointment as Principal Certifying Authority for the above development.

Signature

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Date

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SCHEDULE TO APPLICATION FOR A CONSTRUCTION CERTIFICATE

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

All New Buildings

Please complete the following:

- Number of storeys (including underground floors)
- Gross floor area of building (m2)
- Gross site area (m2)

Residential Buildings Only

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 buildings?
- Will the new building(s) be attached to existing buildings?
- Does the site contain a dual occupancy?
(NB dual occupancy = two dwellings on the same site)

- Yes No
- Yes No
- Yes No

Material to be used – Residential Building

Please indicate the material to be used in the construction of the new building(s):

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 (veneer) <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"/>	70			Not Specified <input type="checkbox"/>	90
Curtain glass <input type="checkbox"/>	50	Other <input type="checkbox"/>	80				
Steel <input type="checkbox"/>	60	Not Specified <input type="checkbox"/>	90				
Aluminium <input type="checkbox"/>	70						
Other <input type="checkbox"/>	80						
Not Specified <input type="checkbox"/>	90						



FIRE SAFETY SCHEDULE

SCHEDULE OF EXISTING/PROPOSED OR MODIFIED FIRE SAFETY MEASURES

(For any existing building and the land on which it is situated)

	Essential Fire Safety Measures	Nominate the current Standard of Performance (e.g. BCA and AS)	Proposed Altered/Modified Essential Fire Safety Measure
1.	Access Panels, Doors and Hoppers		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Automatic Fail Safe Devices		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Automatic Fire Detection and Alarm System		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Automatic Fire Suppression System		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Building Occupant Warning System		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Emergency Lifts		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Emergency Lighting		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	EWIS (Sound Systems and Intercom Systems for Emergency Purpose)		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Emergency Evacuation Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Exit Signs		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Fire Control Centres and Rooms		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Fire Blankets		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fire Dampers		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Fire Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Fire Hose Reels		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Fire Hydrant System		<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Fire Seals, Collars		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Fire Shutters		<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Fire Windows		<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Lightweight Construction		<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Mechanical Air Handling System		<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Paths of Travel		<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Perimeter Vehicular Access		<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Portable Fire Extinguishers		<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Pressurising Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Required Exit Doors (power operated)		<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Residential Automatic Sprinkler System		<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Safety Curtains in Proscenium Openings		<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Self-Closing Fire Hoppers		<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Smoke and Heat Vents		<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Smoke Hazard Management System		<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Smoke and/or Heat Alarms		<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Smoke Dampers		<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Smoke Detectors and Heat Detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Smoke Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Solid Core Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Stand-by Power System		<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Wall-Wetting Sprinkler and Drencher Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Warning and Operational Signs		<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a copy of **annual fire safety statement** for the building or confirm this an accurate statement of all the existing fire safety schedule implemented in the whole building and the land on which it is situated.

Name

Signature

Date

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