

Unit 9/5 Vuko Place, Warriewood NSW 2102 PO Box 882, Mona Vale NSW 1660 Tele:(612) 9970 1111 Fax:(612) 9970 7150

NOTIFICATION OF COMMENCEMENT OF BUILDING OR SUBDIVISION WORK AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

Under Environmental Planning and Assessment Act 1979 sections 81A (2) (b) (ii) or (c), or (4) (b) (ii) or (c), 86 (1) and (2).

Fax:(612) 9970 7150				PITTU JAN 7					
DEVELOPME	ENT CONSE	NT				ATEN CO "ON;			
Development Application No: IDP 204970			Determ	Determination Date:					
	<u>~ ~ / / </u>	·	7	Salar A	<u> </u>	•			
CONSTRUCT		FICATE							
			Date of Issue:						
CC 06	32/03	\$		<u>ک</u>	1 Decen	nter 2003			
SITE DETAIL	.s								
-	reet No: 120	Street:	ARRS	CR	EEK	ROAD			
Suburb: CH-(URCH	POINT	7		Lot No: I	Deposit /Strata Plan:			
APPLICANT									
	Name/Company:				Contact Person:				
Sacqueline Maynard				Sacqueline Magnard, Phone (H/B): 99993686					
		\sim		D I (1	999	19 36 986			
120	MC C	ARRS CR	LEEK						
20AD CHURCH POINT Mobile:									
2105				Email:					
			1 + 6 + 4 + 1 + 6 + 4 +	Fax:					
DEVEL OBME	NT DETAIL	e							
Type of Work:	Type of Work: Brief description of development:								
☐ New Building ☐ Additions / A ☐ Subdivision	New Building Additions / Alterations Installation of Inclined Lift								
PRINCIPAL C	ERTIFYING	AUTHORITY							
	ER COUNCI								
OTHER	Name:	*************************		Ac	creditation No,				
	Address:	<pre></pre>		************					
	Dhono:		Em	oil:					

	H DEVELOPMENT CON							
Have all conditions to b	addressed prior to the co	ommencemen	t of works been	satisfied?				
	/ES		☐ NO (see Note below)					
Please be aware that fa Environmental Planning on-the-spot fine and/or	ust not commence. ailure to address these con g and Assessment Act 197 legal action. to these requirements plea	9 (as amende	d). Penalties m	ay include an				
HOME BUILDING A								
Note: Only applicable to associated buildings.	development involving erection	n / alteration / a	ddition of resider	itial dwellings, units or				
Are you an Owner Builder	?							
	ES Owner Builders Permit N	lo:		********				
	NO (please complete Builder	details below)						
Name of Builder:	illside Lifts	Pt. Ltd.	Contact Person					
Phone: 99	708363		leter.	Delohery pany:				
Molile. 041	Novance Services P							
Lic	- 89 164C		ABN 84	Kurance Services P/ -076 460 967				
Fax								
Have you attached eviden	ce that the licensed person is	insured to carry	out this type of v	vork?				
Insurance Certificate attac			,,					
Note: The above requiren owner of the land that the	nents are not necessary if you reasonable market cost of lab	have attached our and materia	to this notice a de Is to be used is le	eclaration, signed by each ess than \$12,000.				
Signed Declaration attache	ed: YES	•						
VALUE OF PROPOS	ED DEVELOPMENT							
	ed works: \$	3, 500	,					
*Note: The Commenceme	ent fee will be calculated on thi	is figure as per t	he 'Fee Structure	e' attached.				
DATE WORK IS TO	COMMENCE							
Minimum notice of two (2)	days is required to be given p	rior to commend	ement of works.					
Date of commencement:	12/1/00	/						
SIGNATURE			1					
Applicant's Name:	YNDED,	Signaturez	Br	91				
OFFICE USE ONLY								
Date of receipt:	Receipt No.:	Amount Paid:	·. · · · · · · · · · · · · · · · · · ·	Accepted by:				
·		, another alu.	:	Accepted by:				

certificate of insurance

Mr & Mrs Maynard 120 Mc Carrs Ck Rd CHURCH POINT NSW 2105

FORM 1

HOME BUILDING ACT 1989

Section 92

Certificate in respect of insurance

CONTRACT WORK

A contract of insurance complying with Section 92 of the Home Building Act 1989 has been issued by: Royal & Sun Alliance Insurance Australia ACN 005 297 807 ABN 48 005 297 807

In Respect Of:

Alteration/Addition

At:

Lot No: 1

Unit No:

House No: 120

Mc Carrs Ck Rd

CHURCH POINT NSW 2105

Carried Out By:

Hillside Lifts Pty Ltd

ABN:

Subject to the Act and the Home Building Regulation 1997 and the conditions of the insurance contract, cover will be provided to a beneficiary described in the contract and successors in title to the beneficiary.

Signed for and on behalf of the insurer:

HIA INSURANCE SERVICES P/L

ABN 84 076 460 967

An associated company of Aon Risk Services Australia Ltd

PO Box 241 Ryde NSW 2112

Telephone (02) 9808 7222 Facsimile (02) 9808 7233

CLAIMS ENQUIRY LINE

1800 554 255

Certificate No:

283364

Owner's Copy

Issue Date

28/08/2003

Please note that Aon Risk Services Australia Ltd ABN 17 000 434 720 is arranging the insurance policy as agent of the insurer below.

They also act as agent of the insurer below and not as agent of the insured in dealing with or settling any claim.

Total includes Policy Fees, Stamp Duty and GST.

Insurer:

 Royal & Sun Alliance Insurance Australia Ltd



INSTALLATION OF INCLINED LIFT.

NOTIFICATION OF COMMONEMENT.

HILLSIDE LIFTS PTY LTD.
PETCE DELOHERY
CONTRACT LIGNO 89164C

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