PLANNING
BUILDING
HERITAGE CITY
LANDSCAPE PLAN
URBAN DESIGN SERVICES

15th June 2009

Customer Service Department
Manly Council
Council Chambers,
1 Belgrave Street,
Manly 2095

Dear Sir/Madam,

SHOP 29, 197-215 CONDAMINE STREET, BALGOWLAH

Attached is a notice of the replacement of the principal certifying authority for the above site.

If you have any queries please do not hesitate to call Brendan Bennett on 8270 3500.
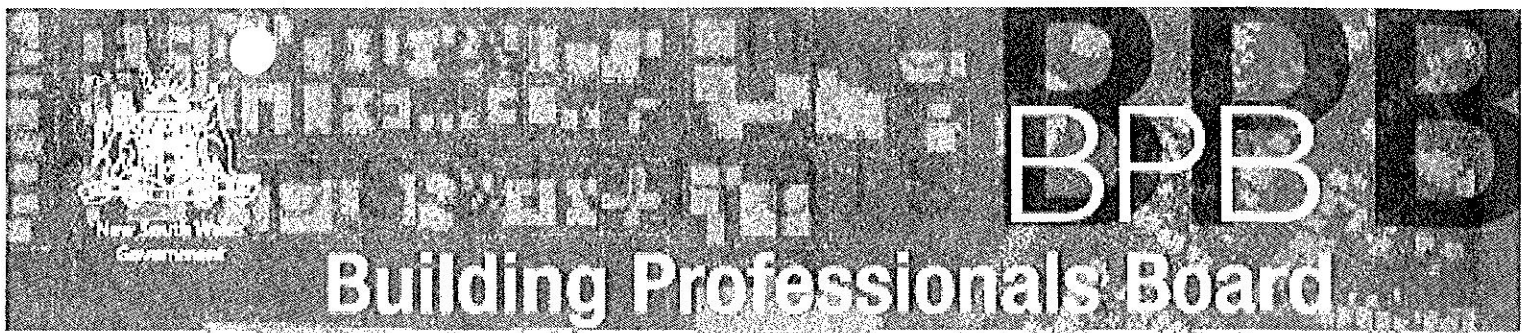
Regards

Kristy Robinson
Administration Assistant

Environmental Planning and Assessment Act 1979

Notice of proposed replacement of the principal certifying authority

If the current principal certifying authority (PCA) for the development, the person who appointed the current PCA and the person who is proposed to be appointed to replace the current PCA all agree, the appointment to replace the PCA may be made *after* notice is given to the Building Professionals Board, the council and the consent authority. You can use this form to provide that notice.

If you do not have the agreement of one of these persons, you cannot use this form (you need to complete an *Application to replace the principal certifying authority*).

You need to submit all the information required by this form.

1.   DETAILS OF THE PERSON GIVING THE NOTICE

Name

Title	Mr	Given names	Brendan				
Surname	Bennett						

Business address/details

Business name	City Plan Services						
Unit/Street no.	L1/364	Street	Kent Street				
Suburb	Sydney			State	NSW	Postcode	2000

Postal address

Unit/Street no.	L1/364	Street	Kent Street				
Suburb	Sydney			State	NSW	Postcode	2000

Address for correspondence (select one)

Residential	❑	Business	X	PO Box	❑

Contact details

Res. tel.	( )	Bus. tel.	(02) 8270 3500
Mobile	0414 421 907	Fax	(02) 8270 3501
Email	Brendanb@cityplan.com.au		

2. DETAILS OF THE DEVELOPMENT

Development address

Unit/Street no.	Shop 29	Street	197-215 Condamine Street				
Suburb	Balgowlah			State	NSW	Postcode	

Council area: _____ Manly Council _____

Briefly describe the development: Shop fitout

Development consent:

Development consent/complying development certificate (CDC) no.   CDC29625

Date of issue: 30.03.09

Who issued the consent or CDC?   Chris Michaels_____

3. DETAILS OF THE PERSON WHO APPOINTED THE CURRENT PCA

If this person is the same as the person giving this notice, you do not need to complete this section or section 4.

Name

Given names		Lorena	
Surname	Selvatico		

Business address/details

Business name	Morris Selvatico						
Unit/Street no.	1/407	Street	Bourke Street				
Suburb	Surry Hills			State	NSW	Postcode	2010

Postal address

Unit/Street no.	1/407	Street	Bourke Street				
Suburb	Surry Hills			State	NSW	Postcode	2010

Address for correspondence (select one)

Residential	❏	Business	X	PO Box	❏

Contact details

Res. tel.	( )	Bus. tel.	(02) 9380 2380
Mobile		Fax	(02) 8065 4018
Email			

4. SIGNATURE OF THE PERSON WHO APPOINTED THE CURRENT PCA

Signature _____*Selvatico*_____   Name Lorena Selvatico

Date   12.06.2009

5.   DETAILS OF THE CURRENT PCA

Please identify who was appointed as the PCA (accredited certifier/council) for the development the subject of the development consent/complying development certificate identified above:

Name (where the PCA is an accredited certifier)

Title	Mr	Given names	Chris
Surname	Michaels		

Business address/details

Business name	City Plan Services Pty Ltd						
Unit/Street no.	L1 / 364	Street	Kent Street				
Suburb	Sydney			State	NSW	Postcode	2077

Contact details

Res. tel.		Bus. tel.	(02) 8270 3500
Mobile	0410 491 605	Fax	(02) 8270 3501
Email	Chrism@cityplan.com.au		

Accreditation number (where relevant)   BPB0268

Please **attach** a copy of the *Notice of Appointment of the PCA*.

6.   SIGNATURE OF THE CURRENT PCA

Signature   *Cuuewbue*   Name   Chris Michaels

Accreditation no. (where relevant)   BPB0268

Name of authorised officer (where relevant)   _____

Date   12/06/09

NB: Where the current PCA is the council, an authorised officer of the council must sign the application.

7.   DETAILS OF THE REPLACEMENT PCA

Please identify the accredited certifier/council to be appointed as the replacement PCA for the development the subject of the development consent/complying development certificate identified above:

Name (where the replacement PCA is to be an accredited certifier)

Title	Mr	Given names	Brendan
Surname	Bennett		

Business address/details

Business name	City Plan Services						
Unit/Street no.	L1/364	Street	Kent Street				
Suburb	Sydney			State	NSW	Postcode	2000

Contact details

Res. tel.	( )	Bus. tel.	(02) 8270 3500
Mobile	0414 421 907	Fax	(02) 8270 3501
Email	Brendanb@cityplan.com.au		

Accreditation number (where relevant)   BPB0027_____

8.   SIGNATURE OF THE REPLACEMENT PCA

I consent to being appointed as the replacement PCA for the above development.

Signature   Name: Brendan Bennett

Accreditation no. (where relevant)   BPB0027

Name of authorised officer (where relevant)*   _____

Date   12.06.2009

NB: Where the replacement PCA is to be the council, an authorised officer of the council must sign the application

9.   SIGNATURE OF THE PERSON GIVING THE NOTICE

Signature   Name: Brendan Bennett

Date   12.06.2009

10.   NOTICE FEE

Please **include** the fee to replace the PCA of $40 with your notice.

The fee can be paid by cheque or money order (made payable to the Building Professionals Board) or contact the Building Professionals Board on 02 9895 5950 to pay by Visa/Mastercard.

11.   CHECKLIST

Please **identify** the information you have attached to support your application
- ❑   Copy of the notice of appointment of the current PCA.
- ❑   Application fee.

12.   WHERE TO SEND THE NOTICE

Please send the completed notice to:

> If you have any questions about your notice, please contact the Building Professionals Board - tel 02 9895 5950, fax 02 9895 5949 or email bpb@bpb.nsw.gov.au.