



Advance Building Approvals Pty Ltd

ABN 93 096 551 816

Suite 1004 370 Pitt St Sydney NSW 2000

PO Box A1123 Sydney South NSW 1235

E aba@advanceba.com.au

T (02) 9283 6299 (02) 9262 9726

F (02) 9283 6252

16 December 2010

The General Manager
Pittwater Council
PO Box 882
MONA VALE NSW 1660

Attention Customer Services

Dear Sir/Madam,

**BARRENJOEY MONTESSORI SCHOOL
MODULAR CLASSROOM FACILITIES 2B TASMAN RD, AVALON
OCCUPATION CERTIFICATE**

Please find enclosed the following documents for the above project

- 1 Copy of Final Occupation Certificate No CF09401OC01 issued by Advance Building Approvals in accordance with Part 4A of the Environmental Planning and Assessment Act 1979
- 2 Copies of other supporting documents and certifications,
- 3 Copy of Mandatory Critical Stage Inspection Report
- 4 Cheque for \$30 00 being certificate registration fee

Please contact the undersigned for any enquiries

Yours sincerely
FOR ADVANCE BUILDING APPROVALS PTY LTD

SAEID ASKARIAN
Director

\$30 REC 294458 20/12/10

CF09401 LT 161210 OC02 Pittwater SA



Suite 1004 370 Pitt Street
Sydney NSW 2000
Tel 9283 6299 Fax 9283 6252

Occupation Certificate

CC no CF09401CC01

This certificate is issued by a certifying authority (a council or a private certifier) and allows the applicant to occupy or use the building or part of the building as set out in the certificate

1. Details of the applicant

Mr Ms Mrs Dr Other Company

Name of Applicant (company or individual) Name of contact person (if Applicant is a company)

Flat/Level Street number, street name

Suburb or town State Postcode

Daytime telephone Fax Mobile

Email

2. Details of the building

Flat/Level Street number, street name

Suburb or town Postcode

Description of the building work

Lot no Section

DP/MPS no Volume/folio

Development application or complying development certificate no

3. Decision of the certifying authority

Type of certificate issued

an interim occupation certificate

a final occupation certificate

Date of this decision

4. Information attached to this decision

- A schedule of fire safety measures
- The fire safety certificate for new/modified essential fire safety measures

5. Final occupation certificate

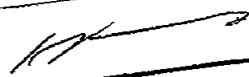
- Saeid Askarian (For Advance Building Approvals Pty Ltd) certifies that
- the health and safety of the occupants of the building have been taken into consideration
 - a current development consent has been granted for the development
 - a current complying development certificate has been issued for the development
 - a current construction certificate has been issued with respect to the plans and specifications for the building
 - the building is suitable for occupation or use in accordance with its classification under the Building Code of Australia as a class building
 - a final fire safety certificate has been issued for the building
 - a report from the Commissioner of Fire Brigades has been considered
- NOTE** In preparation of this Occupation Certificate we have relied upon design, installation and inspection certificates from relevant consultants/contractors, as appropriate

Occupation certificate no
CF09401OC01

Date of the certificate
16 December 2010

6. Signature

For this certificate to be valid, it must be signed by the certifying authority

Signature


Name
Saeid Askarian (For Advance Building Approvals Pty Ltd)

Flat/Level
Suite 1004, Level 10

Street number, street name
370 Pitt Street

Suburb or town
Sydney

State
NSW

Postcode
2000

Telephone
(02) 9283 6299

Fax
(02) 9283 6252

If the certifier is an accredited certifier
Accreditation body of the certifier
Building Professionals Board

Accreditation no of the certifier
BPB0014

Fire Safety Schedule

Item No	Required New Measures	Typical Standard of Performance	
1	Emergency lighting	BCA Clause E4 2 E4 4,	AS/NZS 2293 1-1998
2	Exit signs	BCA Clauses E4 5 NSW E4 6 & E4 8	AS/NZS 2293 1-1998
3	Required fire rated light weight construction enclosure to the required fire rated walls shafts, ductwork and structural elements	BCA Clause C1 8, Spec A2 4 & Spec C1 8	AS/NZS 1530 3-1999 AS 1530 4-1997, ASTM E72-80-1981 ASTM E695-79 1985 Part C of BCA Tested prototypes for specific application and manufacturer's spec
4	Path of travel	BCA Part D NSW Part D	
5	Portable fire extinguishers	BCA Clause E1 6	AS 2444-2001

Mandatory Critical Stage Inspection Report

Type of Critical Stage Inspection		Please indicate Class of building and circle below the Type of CSI carried out for this Report (Class <u>9b</u>)		
		Class 1, 10	Class 2, 3, 4	Class 5, 6, 7, 8 & 9
1	At the commencement of the building work, and	✓	✓	✓
2	After excavation for, and prior to the placement of any footings	✓	X	X
3	Prior to pouring any in-situ reinforced concrete building element	✓	X	X
4	Prior to covering of the framework for any floor wall, roof or other building element	✓	X	X
5	Prior to covering waterproofing in any wet areas (only 10% for Class 2,3 & 4 buildings)	✓	✓	X
6	Prior to covering any stormwater drainage connections	✓	✓	✓
7	After the building work has been completed and prior to any occupation certificates being issued in relation to the building	✓	✓	(✓)
Site Details				
Address	26 Tasman Rd. Avalon			
Location of wet areas	N/A			
DA/CC/CDC No	CF09401			
Record of Inspection				
Date of Inspection	07 DECEMBER 2010			
Inspection by PCA	Name of PCA	Saeid Askarian		
	Accreditation No	BPB0014 (Building Professionals Board)		
Inspection by other Accredited Certifier	Name of Accredited Certifier			
	Accreditation No			
	Has Report by Accredited Certifier been attached? (Yes / No)			
Was work carried out satisfactorily?	(Yes/No)			
Notes	MODULAR BUILDING ONLY			
Missed Inspection				
Was Inspection missed due to "unavoidable circumstances"?	(Yes / No)	If yes, what are the unavoidable circumstances?		
Principal Contractor	Name			
	Address			
	Tel			
Was the work carried out satisfactorily?	(Yes / No)			
Evidence of compliance received				
Notes				

Signature of PCA _____

Date _____

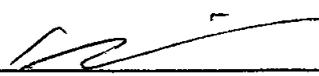
Mandatory Critical Stage Inspection Report

Type of Critical Stage Inspection		Please indicate Class of building and circle below the Type of CSI carried out for this Report (Class 9B)		
		Class 1, 10	Class 2, 3, 4	Class 5, 6, 7, 8 & 9
1	At the commencement of the building work, and	✓	✓	✓
2	After excavation for and prior to the placement of any footings	✓	X	X
3	Prior to pouring any in-situ reinforced concrete building element	✓	X	X
4	Prior to covering of the framework for any floor, wall, roof or other building element	✓	X	X
5	Prior to covering waterproofing in any wet areas (only 10% for Class 2,3 &4 buildings)	✓	✓	X
6	Prior to covering any stormwater drainage connections	✓	✓	(✓)
7	After the building work has been completed and prior to any occupation certificates being issued in relation to the building	✓	✓	✓

Site Details	
Address	2B TASMAN ROAD AVALON
Location of wet areas	N/A
DA/CC/CDC No	CF09401

Record of Inspection	
Date of Inspection	15.11.10
Inspection by PCA	Name of PCA: Saeid Askarran
	Accreditation No: BPB0014 (Building Professionals Board)
Inspection by other Accredited Certifier	Name of Accredited Certifier
	Accreditation No.
	Has Report by Accredited Certifier been attached? (Yes / No)
Was work carried out satisfactorily?	(Yes/No) <u>Yes</u>
Notes	

Missed Inspection	
Was Inspection missed due to "unavoidable circumstances"?	(Yes / No) If yes, what are the unavoidable circumstances?
Principal Contractor	Name
	Address
	Tel
Was the work carried out satisfactorily?	(Yes / No)
Evidence of compliance received	
Notes	

Signature of PCA 

Date 15/11/10

Mandatory Critical Stage Inspection Report

Type of Critical Stage Inspection		Please indicate Class of building and circle below the Type of CSI carried out for this Report (Class 9b)		
		Class 1 10	Class 2, 3, 4	Class 5, 6, 7, 8 & 9
1	At the commencement of the building work and	✓	✓	(✓)
2	After excavation for, and prior to the placement of any footings	✓	X	(X)
3	Prior to pouring any in-situ reinforced concrete building element	✓	X	X
4	Prior to covering of the framework for any floor, wall, roof or other building element	✓	X	X
5	Prior to covering waterproofing in any wet areas (only 10% for Class 2,3 & 4 buildings)	✓	✓	X
6	Prior to covering any stormwater drainage connections	✓	✓	✓
7	After the building work has been completed and prior to any occupation certificates being issued in relation to the building	✓	✓	✓
Site Details				
Address	2b TASMAN RD AVALON			
Location of wet areas	N/A			
DA/CC/CDC No	CF09-401			
Record of Inspection				
Date of Inspection	21.09.10			
Inspection by PCA	Name of PCA	Saeid Askarian		
	Accreditation No	BPB0014 (Building Professionals Board)		
Inspection by other Accredited Certifier	Name of Accredited Certifier			
	Accreditation No			
	Has Report by Accredited Certifier been attached? (Yes/No)			
Was work carried out satisfactorily?	(Yes/No)			
Notes				
Missed Inspection				
Was Inspection missed due to "unavoidable circumstances"?	(Yes / No)	If yes, what are the unavoidable circumstances?		
Principal Contractor	Name			
	Address			
	Tel			
Was the work carried out satisfactorily?	(Yes / No)			
Evidence of compliance received				
Notes				

Signature of PCA _____

Date _____

21/9/10

Fire Safety Certificate

issued under Environmental Planning and Assessment Regulation 2000

Date received 14/12/10 DA or CDC no CF09401CC01

The owner of a building or the owner's agent, needs to provide a fire safety certificate to the certifying authority (a council or a private certifier) with an application for an occupation certificate. You can use this form to do so. A copy of the certificate also needs to be given to the Commissioner of New South Wales Fire Brigades, and displayed in the building in a prominent position. To complete this form, please place a cross in the boxes and fill out the white sections as appropriate.

1. Details of the building being certified

Name of the owner of the building or part of the building

First name

Family name (or Name of company)

BARRENDEY MONTESSORI SCHOOL

Address of the building

Flat/Level

Street number, street name

2b Tasman Road

Suburb or town

Postcode

Avalon

2107

Nearest cross street

This certificate is for:

part of the building

the whole of the building

Description of the building or part of the building

Install modular classroom building

2. Assessment of fire safety measures

List of each essential fire safety measure specified in the Fire Safety Schedule for the building.

Measure	Standard of performance required by the fire safety schedule	Date of assessment
<input type="text"/>	<u>Refer to page 3</u>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need more space, please attach additional pages.

3. Type of certificate

This is

- an interim fire safety certificate
- a final fire safety certificate

Date of this certificate

15/12/2010

4. Certification

Mark Conroy of APB MODULAR

being the owner of the building described above, or the agent of the owner, certify that

- each of the essential fire safety measures listed above
 - has been assessed by a properly qualified person, and
 - was found, when it was assessed by that person to be capable of performing to at least the standard required by the current fire safety schedule for the building,
- the information contained in this statement is true and accurate to the best of my knowledge and belief.

5. Information attached to this certificate

- The current fire safety schedule for the building

6. Signature

The owner of the building, or the agent's owner, must complete and sign the certificate

Signature

[Handwritten signature]

Name

MARK CONROY

Address

21 COXS PLACE
Glendenning NSW 2761

The capacity in which you are signing if you are not the owner of the building

Builder

7. Privacy policy

You need to provide the information in this certificate to the certifying authority if you are applying for an occupation certificate. You also need to give the information to the council and the Commissioner of New South Wales Fire Brigades if a fire safety order has been made for the building once you have satisfied that order. If you do not supply a fire safety certificate as required, you will be in breach of the Environmental Planning and Assessment Act 1979 and you could be found guilty of an offence and/or required to take further action. Please contact the council if the information you have provided in this certificate is incorrect or changes.

Fire Safety Schedule (As listed in Attachment C of the CC/CDC)

The following list of essential fire safety measures are certified in this Fire Safety Certificate

Item No	Date of Assessment	Required New Measures	Typical Standard of Performance	
1	14 12 10	Emergency lighting	BCA Clause E4 2, E4 4	AS/NZS 2293 1-1998
2	14 12 10	Ext signs	BCA Clauses E4 5 NSW E4 6 & E4 8	AS/NZS 2293 1-1998
3	8 6 10	Lightweight Construction including required fire rated light weight construction enclosure to the required fire rated walls, shafts ductwork and structural elements and fire isolated stairs	BCA Clause C1 8, Spec A2 4 & Spec C1 8	AS/NZS 1530 3-1999 AS 1530 4-1997, ASTM E72-80-1981 ASTM E695-79-1985 Part C of BCA Tested prototypes for specific application and manufacturer's spec
4	14 12 10	Path of travel	BCA Part D, NSW Part D	
5	12 11 10	Portable fire extinguishers	BCA Clause E1 6	AS 2444-2001

* Indicate "Date of Assessment" for items that have been installed or modified, or enter "N/M - Not modified" for items that are not modified as part of the works for this project

Confirmation of Non-modified Essential Fire Safety Measures

I, the undersigned, confirm that all essential fire safety measures marked as "Not modified" in the above Table are not required to be modified and have not been modified as part of the proposed works completed under the Construction Certificate / Complying Development Certificate Application

Signature



Full Name

Mark Conroy

Company Name

APB MODULAR

Contact Tel No

02 8602 8024

Date

15/12/2010



KNEEBONE & BERETTA CONSULTING PTY LTD
CONSULTING STRUCTURAL & CIVIL ENGINEERS
ABN 43 734 246 264 ACN 137 900 764

15 19 MARION STREET
PARRAMATTA NSW 2150
SYDNEY - AUSTRALIA
PHONE +612 9635-8299
INTERNET www.kneeboneandberetta.com

FAX +612 9891-2337
EMAIL info@kneeboneandberetta.com

Ref 75431-C4

14 December 2010

APB Pty Ltd
P O Box 6075
BLACKTOWN NSW 2148

**Proposed Portable Classroom at
Tasman Road, North Avalon
for Barrenjoey Montessori School**

This is to certify that a visual inspection was made by us at the Glendenning factory during fabrication of the framing for the above portable building complex on 17 September 2010

Items inspected included ground floor walls, floor, chassis, lifting points and ceiling panels, first floor walls, floor, chassis and ceiling/roof beams

We are reasonably satisfied that the members were installed in accordance with the structural certificate 75431-C1B and our instructions ready for the fixing of cladding, linings and fire rating

Please note that to the extent this certificate is based on a visual inspection, this certificate does not extend to any matters concealed or not reasonably apparent on a visual inspection

Further this certificate may only be relied upon by the addressee in the absence of our written consent



for **BRUCE N JAMIESON**
KNEEBONE & BERETTA
Consulting Pty Ltd

DIRECTORS

ENRICO L BERETTA BE(ETH) FIEAust CPEng(Reg)

BRUCE N JAMIESON BE MIEAust CPEng(Reg)

ANGELO J VARDOUNIOTIS BE MIEAust CPEng(Reg)

INSPECTION CERTIFICATE - Structural Works

Site Details			
Level/Unit no/ Flat no	2b	Street no / Street name	Tasman Road
Suburb	Avalon	State	NSW Postcode 2107
Description of Work	Modular classroom facilities		
Details of development / building approval			
DA / CDC	DA / CDC no (incl all subsequent S96 approvals) 380/09	Consent authority Pittwater Council	Date original DA granted 24 November 2009
CC	All CC s issued under ABA file no CF09401	Certifying authority Advance Building Approvals	Date 1 st CC issued XXXX 2009

Certification

I, the undersigned, certify that

1 The following completed structural work

Inspection Date	Member	Item Inspected	Certificate Ref	Date of Certificate
17-09-2010	Fabncation of framing	Ground floor walls floor, chassis, lifting points and ceiling panels, first floor walls, floor chassis and ceiling/roof beams	75431-C4	14 December 2010
21-09-2010	Base of pad footings under brick walls	Size and foundation bearing	75431-C2	8 October 2010
14-10-2010	Stair pad footings	Size and foundation bearing	75431-C3	22 October 2010
22-10-2010	Deck pad footings	Size and foundation bearing	75431-C3	22 October 2010
22-10-2010	Building installation	Tie downs and ground floor/first floor frame coupling	75431-C3	22 October 2010

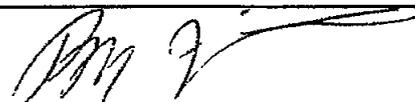
that form part of the proposed development has been inspected and are deemed to comply with

- All requirements as specified under Design Certificate 75431-C1B dated 20 July 2010, 75431-R1 dated 30 September 2010 and 75431-R2 dated 1 October 2010 issued for the work being certified, AND
- The full set of certified structural design drawings as listed on our Design Certificate 75431-C1B

2 I am an appropriately qualified practising structural engineer and have

- Appropriate tertiary qualifications in Civil or Structural Engineering, AND
- Corporate membership of the Institution of Engineers Australia or equivalent AND
- Relevant experience in the area of work being certified, AND
- Appropriate current professional indemnity insurance (taken up by me or my employer as appropriate) to the satisfaction of the building owner or the principal authorising the design work

The following details must be provided in full

Name	Bruce N Jamieson	Qualification	BE MIEAust CPEng(Reg) 375195
Company Name	Kneebone & Beretta Consulting Pty Ltd	ABN No	43 734 246 264
Company Address	15 Manon Street, PARRAMATTA-NSW 2150	Tel	02 9635-8299
Signature		Position Title	Director
		Date	14 December 2010

INSTALLATION / INSPECTION CERTIFICATE – Mechanical Services

Site Details					
Level/Unit/Shop no	2b	Street no / Street name		Tasman Road	
Suburb	Avalon	State	NSW	Postcode	2107
Description of Work:	Modular Classroom facilities				

Certification

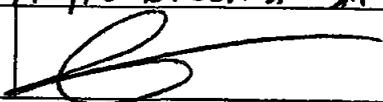
Item No	Proposed Items of Work or Services installed, implemented and/or constructed in the building/development	Enter the intended design standard of performance (eg BCA E2 2, AS1668.1, or DA Consent Condition No , etc) (Refer to relevant version of Australian Standards and Other standards of performance applicable to this project.)
1	Mechanical Ventilation (for office, shop or other areas not provided with natural ventilation)	BCA Clause F4 5 and AS 1668

I the undersigned certify that

- a The above work / services have been installed in the above building or development in accordance with design documentations and the tested prototypes/systems relevant to their applications complying with relevant BCA requirements and manufacturers' specifications (where appropriate),
- b These work/services have been inspected, assessed and tested (where appropriate) to perform in accordance with the relevant provisions of the Building Code of Australia, the relevant Australian Standards and other standard of performance as indicated above

I also certify that I am an appropriately qualified and competent person practising in the relevant area of work I have recognised relevant experience in the area of work being certified I am / My company is (~~delete as appropriate~~) holding appropriate current insurance policy to the satisfaction of the building owner or the principal authorising the installation work being certified

The following details must be provided in full

Name	CRAIG Harradine	Qualification	ELECTRICAL CONTRACTOR
Company Name	ETH ELECTRICAL P/L	ABN No	78130943010
Company Address	14 GLENBROOK ST SM KENWATH	Tel	0417233727
Signature		Position Title	Director
		Date	14-12-10

INSTALLATION / INSPECTION CERTIFICATE - Essential Fire Safety Measures

Site Details			
Level/Unit no./ Flat no	2b	Street no / Street name	Tasman Road
Suburb	Avalon	State	NSW
		Postcode	2107
Description of Work	Modular classroom facilities		
Details of development / building approval			
DA / CDC	DA / CDC no (incl all subsequent S96 approvals)	Consent authority	Date original DA granted
	380/09	Pittwater Council	24 November 2009
CC	All CC s issued under ABA file no	Certifying authority	Date 1 st CC issued
	CF09401	Advance Building Approvals	27 May 2010

Certification

Item No.	Tick box for items to be certified (✓)	Proposed Items of Work or Services, installed or constructed in the building	Enter the intended design standard of performance (eg BCA E2.2; AS1668.1, Fire Eng. Solutions, etc)	
			BCA Clause (BCA 2010)	Relevant Australian Standard or Other Standard
1	✓	Emergency lighting	BCA Clause E4 2 E4 4,	AS/NZS 2293 1-1998
2	✓	Exit signs	BCA Clauses E4 5 NSW E4 6 & E4 8	AS/NZS 2293 1-1998
3		Lightweight Construction including required fire rated light weight construction enclosure to the required fire rated walls shafts ductwork and structural elements and fire isolated stairs	BCA Clause C1 8 Spec A2 4 & Spec C1 8	AS/NZS 1530 3-1999 AS 1530 4-1997 ASTM E72-80-1981 ASTM E695-79-1985 Part C of BCA Tested prototypes for specific application and manufacturer s spec
4	✓	Path of travel	BCA Part D NSW Part D	
5		Portable fire extinguishers	BCA Clause E1 6	AS 2444-2001

I, the undersigned, certify that

- a the above essential fire safety measure(s) has/have been installed in the above building in accordance with
 - tested prototypes /systems for application complying with relevant BCA requirements and manufacturers specifications (where appropriate),
 - design documentations as certified in the Design Certificate issued for the above items,
- b These items have been inspected, assessed and tested (where appropriate) to perform in accordance with
 - the design criteria and certified drawings as specified in the Design Certificate issued for the above items, and/or
 - the provisions of the Building Code of Australia the relevant Australian Standards and other standard of performance as indicated above
- c The assessment, inspection or testing have been carried out by an appropriately qualified and competent person from our company, who is practising in the relevant area of work with recognised relevant experience in the area of work being certified
- d I am / My employer is (~~delete as appropriate~~) holding appropriate current insurance policy to the satisfaction of the building owner or the principal authorising the installation work being certified

The following details must be provided in full

Name	CRAIG HARRADINE	Qualification	ELECTRICIAN CONTRACTOR
Company Name	C T H ELECTRICAL P/L	ABN No	78130943010

Company Address	14 GLENBROOK ST STA PENRITH	Tel	0417233727
Signature		Position Title	DIRECTOR
		Date	14-12-10



T1 Building, Norwest Business Park
Unit 211, Level 2
14 Lexington Drive BELLA VISTA
Phone 02 9854 9400 Fax 02 9854-9444
A B N 44 096 628 125
www.spectrumfire.com.au

Final Fire Safety Certificate (Form 15) Contractors

Issued under the Environmental Planning and Assessment Regulation 2000

Name of Person I Jennifer Wilson
Name of Subcontractor and ACN of, Spectrum Fire & Security ABN 44 096 628 125

Certify that

- a) Each of the essential fire measures listed below
 * has been assessed by a person (chosen by me) who was properly qualified to do so, and
 * Was found, when it was assessed, to have been properly implemented and to be capable of performing and has been commissioned and tested and proved to be operating to a standard not less than that required by the standard of performance scheduled
- b) The information contained in this certificate is, to the best of my knowledge and belief, true and accurate

Location Street Barranjoey Montesson School 2 Tasman Rd Avalon NSW
 Side of street _____
 Nearest Cross Street _____
 Number or name of building _____

New or refurbishment Refurbishment

refurbishment Describe extent if a Description of part (where applicable)
Installation of portable fire extinguishers

List each essential service (fire safety measures) and applicable standard for this certificate

Essential Service	Standard of Performance
Portable Fire Extinguishers	AS2444-2001

Date of this certificate Dated this 12th day of November 2010

Signature

A copy of this certificate together with the relevant fire safety schedule will be forwarded to the Council and the Commissioner of the NSW Fire Brigades

Note

The person who carries out the assessment

- ◆ Must inspect and verify the performance of each essential service (fire safety measures) being assessed and
- ◆ In the case of this final fire safety certificate whether it be for a new building or an alteration to or enlargement or extension of an existing building that person must test and confirm the operation of each item of equipment installed in the building

SYDNEY
88 Vore Street Silverwater NSW 2128
Ph (02) 9748 8911 Fax (02) 9748 8944

BRISBANE
73-75 Basalt Street Geebung QLD 4034
Ph (07) 3865 7644 Fax (07) 3865 7944

MELBOURNE
17-33 Milton Parade, Malvern VIC 3144
Ph (03) 9832 0733 Fax (03) 9832 0610

Email info@rbsa.com.au
Web www.remedial.com.au

Certificate of Completion

Fire Protection System Installation Certification Ref No NC5046JA

Installation Location

Barrenjoey Montessori School

Facility Owners/Managers

John Hodgkinson - Managing Director
Bruce Donnachine - Production Manager

Client

Australian Portable Buildings Pty Ltd, 21 Cox Place Glendenning NSW 2761

This certificate of completion is issued to certify that the fire protection system/s as described in the quotation document NC5046JA have been installed by Remedial Building Services Australia Limited at the abovementioned location. The installation has been carried out in accordance with the *Firas Australia* Certification Scheme guidelines and in compliance with *Certifire Australia* fire protection contractor schedule CA033 (*Certifire Australia* Installer Certificate No 013). The fire protection system is described in the schedule below -

Elements Fire Rated	Location in Structure	Fire Protection System	FRL Provided
100SHS9 columns	Ground floor	S707 -120 Intumescent	120 minute

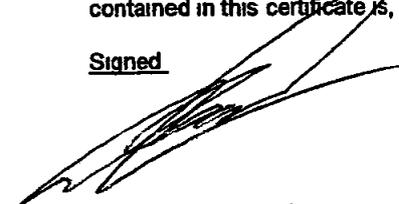
* Nullfire S707-60 and S707-120 intumescent basecoats are accredited by *Certifire Australia* to comply with the BCA Specification A2.3. The products have been tested to AS1530.4-2005 and assessed in accordance with AS4100-1998 - Supplier Certificate Nos 014 & 019.

Certification Declaration

I Jeffrey Anderson of Remedial Building Services Australia Limited certify that the information contained in this certificate is, to the best of my knowledge and belief true and accurate.

Signed

Date 25 October 2010



Nullfire
Passive Fire Protection



ISO 9001 2000 ISO 4001 2004

Correspondence to
PO Box 4
Austral NSW 2179
Fax 02 9606 0557
e enquires@multiquip.com.au



260 Tenth Avenue
(Cnr Tenth Ave & Kelly St)
Austral NSW 2179
Phone 02 9606 9011
www.multiquip.com.au

Attn Project Manager
APB
21 Cox Place Glendenning
NSW 2761

RE Design Certificate for 2b Tasman Rd, Avalon NSW 2107

This certificate is confirming the design standards of the stairs for Barrenjoey Montessori School, 2b Tasman Rd, Avalon

All access stairways, stair handrails, paths of travel, tactile ground surface indicators have been designed in accordance with the following design standards

BCA Part D3, AS 1428 1, AS1428 2

BCA Clause D3 8, AS 1428 4

In addition condition C6 of DA 380/09 issued by Pittwater Council dated 24/11/2009

This certificate is in relation to the above items and is to certify that these items have been built in accordance with the Building Code of Australia and Australian Standards

Regards,



Jason Mikosic

Company Director

INSTALLATION / INSPECTION CERTIFICATE - Miscellaneous Work / Services

Site Details					
Level/Unit no / Flat no	2b	Street no / Street name	Tasman Road		
Suburb	Avalon	State	NSW	Postcode	2107
Description of Work	Modular classroom facilities				
Details of development / building approval					
DA / CDC	DA / CDC no (incl all subsequent S96 approvals)	Consent authority	Date original DA granted		
	380/09	Pittwater Council	24 November 2009		
CC	All CC s issued under ABA file no	Certifying authority	Date 1 st CC issued		
	CF09401	Advance Building Approvals	27 May 2010		

Certification

Item No	Tick box for items to be certified (✓)	Proposed Items of Work or Services installed, implemented and/or constructed in the building/development	Enter the intended design standard of performance (eg BCA E2.2; AS1668 1, or DA Consent Condition No , etc) <small>(Refer to relevant version of Australian Standards and Other standards of performance in the applicable BCA version for this project.)</small>
1		Glass Work	BCA Clause B1 4(h) AS 2047 AS 1288 AS 1170
2	✓	Balustrades / Handrails	BCA Clause D2 16 to D2 18 AS 1170
3	✓	Construction of Sanitary Compartments	BCA Clause F2 5
4		Waterproofing of wet areas	BCA Clause F1 7 tested prototype system for specific application and manufacturers specification
5	✓	Façade	AS1170 condition B22 of DA 380/09 issued by Pittwater Council dated 24 11.2009 and manufacturer's specification
6		Stormwater Drainage	AS 3500 condition B3 B4 B21 C1 C2 of DA 380/09 issued by Pittwater Council dated 24 11 2009 and BCA Clause F1 1
7	✓	Fire Hazard Properties of materials or assemblies in the building	BCA Clause C1 10 and specification C1 10 C1 10a
8	✓	Slip resistance of all floor including stair finishes	AS/NZS 4586 HB 197-1999 AND BCA
9		Lightweight construction including lightweight fire rated construction and fire rated ceiling to the underside of floor Required fire rated light weight construction enclosure to the required fire rated structural elements	BCA Clause C1 8 Spec A2 4 & Spec C1 8 AS/NZS 1530 3 1999 AS 1530 4 1997 ASTM E72-80-1981 ASTM E695-79-1985 Part C of the BCA tested prototypes for specific application and manufacturer's spec and alternative solution
10	✓	Site landscaping	condition B6 B8 B9 B10 B11 B20 D11 of DA 380/09 issued by Pittwater Council dated 24 11.2009

I the undersigned certify that.

- a The above work / services have been installed / implemented / constructed / in the above building or development in accordance with
 - tested prototypes /systems for application complying with relevant BCA requirements and manufacturers' specifications (where appropriate)
 - design documentations as certified in the Design Certificate issued for the above items,
- b These work/services have been inspected assessed and tested (where appropriate) to perform in accordance with
 - the design criteria and certified drawings as specified in the Design Certificate issued by the relevant Design Consultant for the above items, and/or
 - the provisions of the Building Code of Australia the relevant Australian Standards and other standard of performance as indicated above

I also certify that I am an appropriately qualified and competent person practising in the relevant area of work I have recognised relevant experience in the area of work being certified I am / My company is (~~delete as appropriate~~) holding appropriate current insurance policy to the satisfaction of the building owner or the principal authorising the installation work being certified

The following details must be provided in full

Name	ADAM STEWART	Qualification	BCMT (BUSINESS MGMT)
------	--------------	---------------	----------------------

Company Name	APB MODULAR	ABN No	
Company Address	21 COP PLACE GLENDALE	Tel	04 07 03 1071
Signature		Position Title	CONSTRUCTION MANAGER
		Date	15-12-10

ADVANCE WATERPROOFING SPECIALIST P/L CERTIFICATE & WARRANTY

**ADDRESS: 21 COX PL GLENDENING/APB BARRENGOEY MONTESSORI
SCHOOL**

**THIS SYSTEM IS GUARANTEED TO MAINTAIN ITS WATERPROOFING
INTEGRITY WHEN INSTALLED TO DO MANUFACTURER'S SPECIFICATION
FOR SEVEN YEARS FROM THE DATE OF INSTALLATION.**

**THIS SYSTEM IS CARRIED OUT IN ACCORDANCE WITH REQUIREMENTS
AND CONSTRUCTION TECHNIQUES PER AUSTRALIAN STANDARD 3740 AND
APPENDIX FOR WALL / FLOOR COMBINATIONS.**

**WARRANTY EXCLUDES STRUCTURAL DEFECTS IN THE BUILDING AND
DAMAGE TO MEMBRANE BY OTHER TRADES ALSO ANY INCORRECT
APPLICATION OF THE TILES, SHOWER & DOORS ANGLES.**

JOB DESCRIPTION : THREE TOILET(PORTABLE).

**THIS INSTALLATION WAS CARRIED OUT BY
ADVANCE WATERPROOFING SPECIALIST P/L**

**LICENCE#166518C
MOB:0409 99 66 42**

DATE :03 /10 /2010

SIGNED:



Date of Survey 20 September 2010

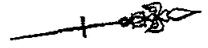
Page 1 of 1 pages

Our Reference 3981-SO-200910

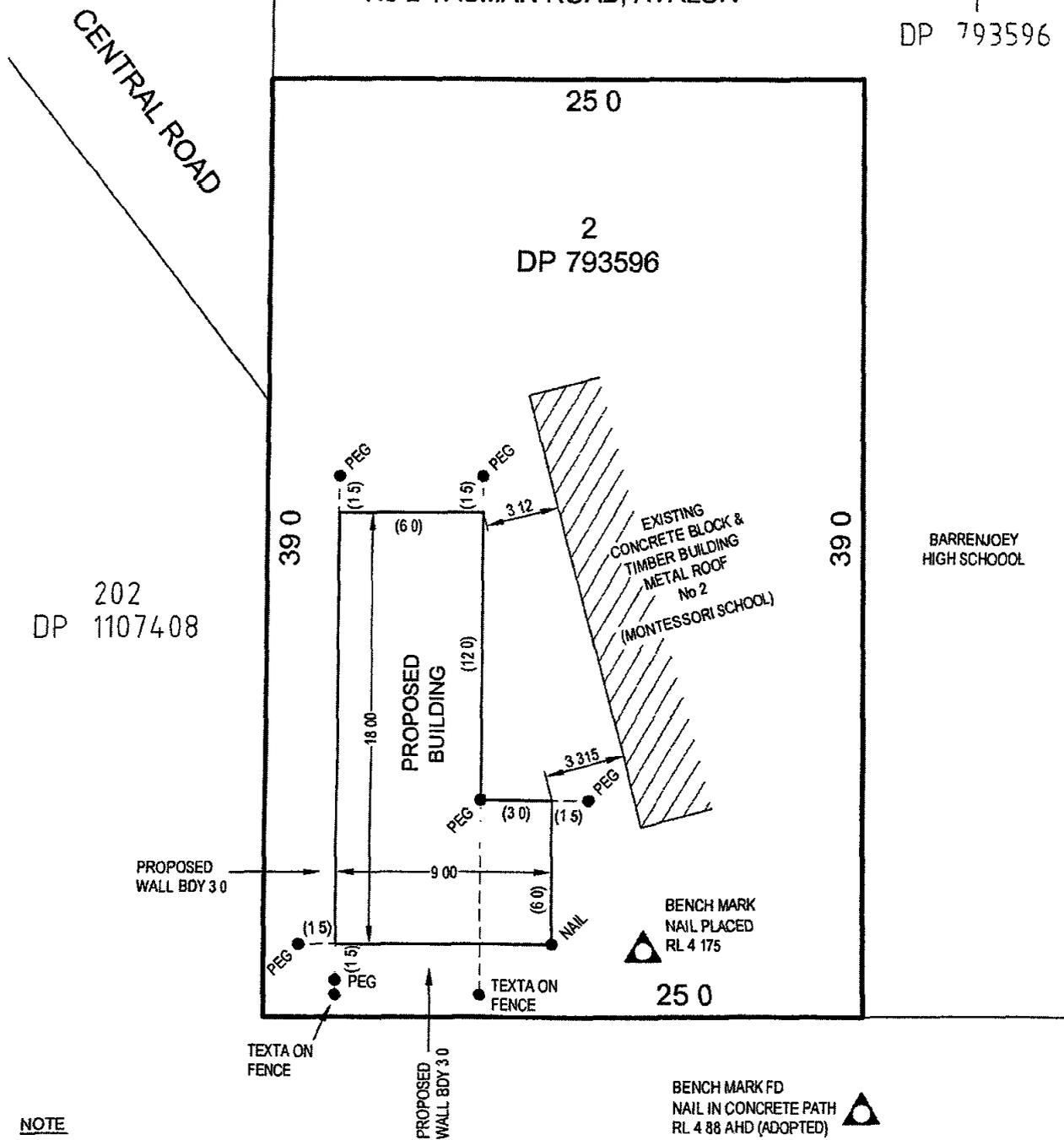
SKETCH

Not to scale

SHOWING MARKS PLACED AT BARRENJOEY MONTESSORI SCHOOL No 2 TASMAN ROAD, AVALON



1
DP 793596



202
DP 1107408

NOTE

PLEASE CHECK THE STATED DIMENSIONS AGAINST DESIGN PLANS AND MARKS PLACED BEFORE COMMENCING CONSTRUCTION

ORIGIN OF LEVELS BENCH MARK NAIL IN CONCRETE PATH RL 4.88 AHD TAKEN FROM REFERENCE PLAN

REFERENCE
PLAN PREPARED BY APB (AUSTRALIAN PORTABLE BUILDINGS) PLAN
DRAWING No 20895 B01 REV C DATED 10 09 09

DIMENSIONS ALSO GIVEN ONSITE BY JOE PAPDI

Adam Veersema BE (Surv & SIS) UNSW MIS (NSW)

Surveyor registered under the
Surveying and Spatial Information Act, 2002

USHER & COMPANY

Surveying & Land Development Consultants

Usher & Company Pty Limited ABN 70 128 414 602
PO Box 1199 Chatswood NSW 2057 Phone 02 9411 8166 Fax 02 9411 8177

INSTALLATION / INSPECTION CERTIFICATE – Energy Efficiency

Site Details				
Level/Unit no./ Flat no	2b	Street no / Street name	Tasman Road	
Suburb	Avalon	State	NSW	Postcode 2107
Description of Work	Modular classroom facilities			
Details of development / building approval				
DA / CDC	DA / CDC no (incl all subsequent S96 approvals) 380/09	Consent authority	Date original DA granted 24 November 2009	
CC	All CC's issued under ABA file no CF09401	Certifying authority	Date 1 st CC issued 27 May 2010	

Certification

Item No	Proposed Items of Work or Services installed, implemented and/or constructed in the building/development	Enter the intended design standard of performance (eg BCA E2.2, AS1668 1, or DA Consent Condition No , etc) (Refer to relevant version of Australian Standards and Other standards of performance applicable to this project.)
1	Energy Efficiency (Hot water)	BCA Part J7
2	Energy Efficiency (Artificial Lighting and Power)	BCA Part J6

I the undersigned, certify that:

- a The above work / services have been installed in the above building or development in accordance with design documentations and the relevant provisions of the Building Code of Australia the relevant Australian Standards and manufacturers' specifications (where appropriate),

I also certify that I am an appropriately qualified and competent person practising in the relevant area of work. I have recognised relevant experience in the area of work being certified. I am / My company is (~~delete as appropriate~~) holding appropriate current insurance policy to the satisfaction of the building owner or the principal authorising the installation work being certified

The following details must be provided in full

Name	CRAIG HARRADINE	Qualification	ELECTRICAL CONTRACTOR
Company Name	C T H ELECTRICAL PL	ABN No	78130943010
Company Address	14 GLENBROOK ST SM PENRITH	Tel	0417233727
Signature		Position Title	DIRECTOR
		Date	14-12-10



15 Astill Drive
Orange NSW 2800
Australia
ABN 21 123 606 600

Email sales@westal.com.au
Tel 02 6391 4800
Fax 02 6360 1182

COMPLIANCE / GLAZING CERTIFICATE

PAGE 1 OF []

Date 08/09/2010 Job No 14855 Cust Ref 45229

Customer
Australian Portable Buildings
21 Cox Place
Glendenning NSW 2761

Job Ref
BARRENJOEY MONTESSO
SCHOOL
C/- 21 COX PLACE
GLEN DENNING

This is to certify that the items scheduled for the above project are glazed in accordance with AS1288-2006, sections 1 to 7 and 9 with windows and doors meeting the performance requirements of AS2047-1999 and BCA - 2010 Part B1 4 and F1 13

Item No	Description	Ht x Wd	Qty	Glazing Zone	Water Penetration
1	131 SLIDING WINDOW	1500 2000	13	N2-700 DWP	150pa
2	131 SLIDING WINDOW	1500 2000	1	N2-700 DWP	150pa
3	131 INSECT SCREEN	1500 2000	1		
4	131 FIXED LIGHT	1200 1180	2	N2-700 DWP	150pa
5	131 SLIDING WINDOW	1200 1180	1	N2-700 DWP	150pa
6	131 SLIDING WINDOW	600 2400	1	N2-700 DWP	150pa
7	131 SLIDING WINDOW	600 2400	10	N2-700 DWP	150pa
8	PARTS-MAIN		10		
9	131 SLIDING WINDOW	600 1100	2	N2-700 DWP	150pa
10	131 FIXED LIGHT	600 2400	6	N2-700 DWP	150pa
11	131 FIXED LIGHT	775 1200	1	N2-700 DWP	150pa
12	131 FIXED LIGHT	775 1200	1	N2-700 DWP	150pa
13	131 FIXED LIGHT	595 1200	1	N2-700 DWP	150pa
14	131 FIXED LIGHT	595 1200	1	N2-700 DWP	150pa
15	131 SLIDING WINDOW	1190 2000	3	N2-700 DWP	150pa

N J Ovenden
Manager/Director
West-AI Windows Pty Ltd

The Builder / Installer certifies that the windows and doors supplied have been installed correctly and the human impact glass located in the correct openings

Builder / Installer Signature

Date

30, 9, 10



15 Astill Drive
 Orange NSW 2800
 Australia
 ABN 21 123 606 600

Email sales@westal.com.au
 Tel 02 6391 4800
 Fax 02 6360 1182

COMPLIANCE / GLAZING CERTIFICATE

PAGE 1 OF []

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 Australian Portable Buildings
 21 Cox Place
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 C/- 21 COX PLACE
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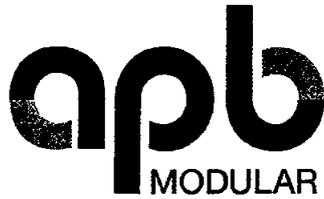
N J Ovenden
 Manager/Director
 West-AI Windows Pty Ltd

The Builder / Installer certifies that the windows and doors supplied have been installed correctly and the human impact glass located in the correct openings

Builder / Installer Signature

Date

/ /



CERTIFICATE OF COMPLIANCE

AUSTRALIAN STANDARDS | BUILDING CODE OF AUSTRALIA

COMPLIANCE WITH AS3500 Plumbing and Drainage	
Date	17 th November 2010
Client	Barrenjoey Montessori School 2 Tasman Road, Avalon NSW 2167
Project	Barrenjoey Montessori School
Building Description	Double Storey Classroom – 12 modules

This is to certify that the plumbing works to the modular building listed above was installed in accordance with Australian Standards requirements AS3500 "Plumbing and Drainage" Code

Yours sincerely

Fred Healy
Factory Plumber, NSW
Australian Portable Buildings

L 2251

Licence No

15-11-10

Date

Australian Portable Buildings Pty Ltd ABN: 59 000 350 274

21 Cox Place, Glendenning NSW 2761
P| 02 8602 8000 F| 02 9625 0131

Account property Rate No

PERMIT APPLICATION

- for Plumbing and Drainage Work

Serial No E

492569

Please supply requested information fully and neatly to ensure the prompt issue of the permit

PROPERTY & OWNER DETAILS

House No 25 Lot No Street Tasman rd Suburb Avalon
 Municipal City Shire Postcode Nearest Cross Street
 Owner's Name Full Address

LICENSEE'S DETAILS

Full Name George Dimech Address for Notices 6 Briery PL Cranbrook Phone No 043019546
 Qualified Supervisor No L-11076 Expiry Date 13/4/2011 Contractor/Company Partnership Licence No 136301C Expiry Date 17/6/2011

WORK OF WATER SUPPLY / METER DETAILS

Size of Drilling No Size of pipework Main or Mc's OR Main Size-Size of Tee to be cut into Main Size of Valve
 Reference No Size of Valve Meter No Drilling Date/Time Office Issued from

Full Description of Work, At fixed meter or returned Meter and List the Number of Fittings to be Connected

- Carry out work of Water Supply
- Install fittings system
- On site water services where a dedicated water supply is installed
- Install Commission, Main entrance of Thermostatic Mixing Valve
- Draw water from Water Meters supply standpipe or seal water so drawn
- Install alter disconnect or remove a meter connected to service pipe
- Install alter disconnect or remove a backflow prevention device

CONTAINER ZONE INDIVIDUAL

Fittings to be Connected	Number Existing	Number proposed	Connected to Drinking Water	Connected to Non Drinking Water
W C		4		
Basin		4		
Bath				
Shower				
Kitchen		6		
Laundry				
Other (Specify)				
Irrigation System				

WORK OF SANITARY PLUMBING/DRAINAGE AND STORMWATER

Give full description of work and list the number of fittings to be connected

- Carry out work of sanitary plumbing/drainage
- Carry out work of Stormwater drainage
- Connection to Sewer
- Sewer Disconnector
- Connection to stormwater system
- Carry out Trade Waste work

Trade Waste Permit Number

Fittings to be Connected	Number Existing	Number proposed
W C		4
Basin		3
Bath		
Shower		
Kitchen		6
Laundry		
Other (Specify)		

SEWERAGE/WATER SERVICE INSPECTION FEE

Date Fee Paid Amount \$ Receipt No Building Fee Receipt No
 Authorising Officer Office Agency Drainage No Date

Date of Commencement of Work 1/7/2010 Estimated Date of Completion 27/11/2010 Signature of Contractor

PLEASE COMPLETE DETAILS ON REVERSE

Serial No E 492569

LICENSEE'S PERMIT - Please hand this section to the Licensee

- 1 This is your PERMIT to carry out the work described on Permit application in accordance with provisions of the Local Utilities Act regulations and Codes of Practice
- 2 This PERMIT is only valid when it bears the official stamp of the local utility. It must be produced on the request of any person duly authorised by the Local Utility. Some Local Utilities may require the PERMIT to be produced to obtain a water meter
- 3 The corresponding numbered CERTIFICATE OF COMPLIANCE must be submitted by you to the Local Utility within two (2) working days of completion of the above work



PITTWATER COUNCIL

ABN61340837871
Telephone 02 9970 1111
Facsimile 02 9970 7150
Postal Address
PO Box 882
Mona Vale NSW 1660
DX 9018 Mona Vale

Matt Hansen
8am to 5pm Mon – Thurs, 8am to 4pm Fri
Phone 9970 1178

6th December 2010

Mr Saeed Askarian
Advanced Building Approvals Pty Ltd
Suite 1004, 370 Pitt Street
Sydney NSW 2000

Dear Mr Askarian,

Re Landscape Plan Approved No N0380/09 Property 2B Tasman Road, Avalon

The approved landscape plan (Sprout Drawing No DA 01 A 4th September 2009) for the above DA has been varied. This variance is due to the unavailability of some species which were on the approved landscape plan. The applicants have contacted Council and provided a list of species purchased from a local nursery including the substituted species. The species purchased are suitable locally native species and are therefore accepted by Council for planting on the site. There is no need for a Section 96 modification and the changes to the landscaping should not affect the issuing of the Occupation Certificate in Council's opinion.

If you have any questions, please do not hesitate to contact me on 99701178

Regards

Matt Hansen
Principal Officer Natural Resources
Natural Environment & Education Unit
Pittwater Council

Email: pittwater_council@pittwater.nsw.gov.au Web: pittwater.nsw.gov.au

Mona Vale Customer Service Centre
Village Park 1 Park Street, Mona Vale

Avalon Customer Service Centre
59A Old Barrenjoey Road, Avalon

Support Services
Units 11, 12, 13 + 16/5 Vuko Place, Warriewood

Boondah Depot
1 Boondah Road, Warriewood



Advance Building Approvals Pty Ltd
 Suite 1004 370 Pitt Street Sydney NSW 2000
 Tel (02) 9283 6299 Fax (02) 9283 6252

Occupation Certificate Application Form

Date received / / DA / CDC no

If you want to occupy or use a new building, or change the use of an existing building, you need an occupation certificate before you can do so. You can use this form to apply for an occupation certificate. To complete the form, please place a cross in the boxes and fill out the white sections as appropriate. To minimise delay in receiving a decision about your application, please ensure you submit all relevant information.

You need to apply to the principal certifying authority you have appointed for the development if you want to occupy or use a new building.

1. Details of the applicant

Mr Ms Mrs Dr Other Company

Applicant's name (company or individual) Barran SGC - Montessori Name of contact person (if applicant is a company) Glynis Lacey

Unit / Level 2 Street number, street name Tasman Rd

Suburb or town Avallon State NSW Postcode 2107

Daytime telephone 9973 1422 Fax 028422308 Mobile

Email ML0107@qps.com.au

2. Identify the land

Flat/Level 2B Street number, street name Tasman Rd Avallon

Suburb or town Avallon Postcode 2107

Lot no. Section

DP/MPS no. Volume/folio

You can find the lot no., section, DP/MPS no. and volume/folio details on a map of the land or on the title documents for the land. If you need additional room, please attach a schedule and/or a map with these details.

3. Details of the development approvals granted

Is development consent required for the development?

No

Yes

Has development consent been granted after a development application was made?

Yes

What is the development application no.?

38009

What date was development consent granted?

24/11/09

No

Has a complying development certificate been issued?

No

Yes

What is the complying development certificate no.?

What date was the certificate issued?

Has a construction certificate been issued for the building? A construction certificate is not needed if a complying development certificate has been issued

No

Yes

What is the construction certificate no.?

CO9-401

What date was the certificate issued?

27.05.2010

4. Identify what you want to do

If you want to occupy or use a new building that is only partially completed, or change the use of part of an existing building, you need an interim occupation certificate. If you want to occupy or use a new building that has been completed, or change the whole use of an existing building, you need a final occupation certificate.

Are you going to occupy or use a new building?

No

Yes

Is the building:

partially completed?

completed?

Are you going to change the use of an existing building?

No

Yes

Do you want to change

the use of part of the building?

the whole use of the building?

5. Describe the building

If you are applying for an occupation certificate for part of a building - describe the part of the building

[Empty box for describing the part of the building]

For what purpose do you propose to use the building or part of the building?

Classroom

For a new building:

What is the class of the building under the Building Code of Australia?

96

This can be found in the development consent or complying development certificate.

To change the use of an existing building:

What is the class of the existing building under the Building Code of Australia?

-

What is the new class of the building under the Building Code of Australia?

✓

This can be found in the development consent or complying development certificate

6. Information to be attached to the application

Please indicate the documents you have attached by placing a cross in the appropriate boxes

- a copy of the development consent or the complying development certificate
- a copy of the construction certificate, where relevant
- a copy of the final fire safety certificate, where relevant
- a copy of the interim fire safety certificate, where relevant
- any other certificate or document on which you rely, eg a compliance certificate

7. Signature

The applicant or the applicant's agent must sign the application.

Signature

[Handwritten signature]

Name, if you are not the applicant

MARK CONROY

In what capacity are you signing if you are not the applicant?

BUILDER

Date

15/12/2010

8. Privacy policy

The information you provide in this application will enable your application to be assessed by the certifying authority. If the information is not provided, your application may not be accepted. Please contact the council if the information you have provided in your application is incorrect or changes.

