



# the certification group

enhancing building performance

## NOTICE TO COMMENCE BUILDING WORK AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

The owner of the property or the person having the benefit of the Development Consent is to complete this form, please place a cross in the boxes and fill out the sections as appropriate. (Note: The builder or other contractor cannot complete this form unless they are also the owner of the property)

### 1. Details of the applicant (Owner/s or persons having benefit of the DA Consent)

☒ Mr ☐ Ms ☒ Mrs ☐ Dr ☐ Other \_\_\_\_\_  
First name PETER & JUDITH Family name O'MARA  
First street no. 39 Street name CALVERT PARADE  
Suburb or town NEWPORT BEACH State N.S.W. Postcode 2106  
Tel/ mobile (HM) 9999 2235 (MOB) 0409 663 873 Fax (02) 9999 2235  
E-mail PJOM @ TPG.COM.AU

### 2. Details of the land to be developed

☒ Street 39 Street name CALVERT PARADE  
Suburb or town NEWPORT BEACH N.S.W. Postcode 2106  
Lot no A Council Area PITTWATER Deposit / SP Plan 395094

### 3. Description of the work proposed

Type of work proposed: ☐ New Building ☒ Additions / Alterations  
Construction Cost of Works \$150,000 (APPROX)  
Description of the work TIMBER DECK & ROOF OVER (NORTHERN SIDE) PLUS CARPORT

### 4. Details of the relevant development consent granted

#### A. Details of the development consent:

Development application no. N0135/05 Date the consent was granted 16-05-05  
Complying development certificate no. \_\_\_\_\_ Date the certificate was issued \_\_\_\_\_

#### B. Where a construction certificate has been issued for the building:

Construction certificate no. 143/2005 Date the certificate was issued 21/7/05

### 5. Appointment of a "Principal Certifying Authority" (PCA):

Indicate the steps you have taken by placing a cross in the appropriate boxes ☐.

☐ I have met all the conditions in the development consent or the complying development certificate required to be satisfied before I can begin work

☒ I have appointed a principal certifying authority

Name of the principal certifying authority THE CERTIFICATION GROUP - WAYNE TREBLE  
Address of the principal certifying authority 28 COOK TERRACE MONA VALE NSW 2103  
Telephone No. 9944 8222 Accreditation Number P0100  
Accreditation body DIPNR

## 6. Builder information (Residential Building work)

1. Are you going to build a dwelling or other structure or alter / add to a dwelling if the cost of building work is over \$5000 (materials &amp; labour)

☐ No☒ Yes > Please complete part 2 below

2. Are you an owner-builder?

☒ Yes > What is the name of the owner-builder and owner builder permit no.?Owner Builder PETER ANTHONY O'MARA Permit No. 295397PWill the work be carried out by someone who is licensed to do so? — NOT KNOWN AT THIS DATE☐ No☐ Yes > What is the name of the builder and contractor licence no.? NOT KNOWN AT THIS DATE

Name \_\_\_\_\_ Licence No \_\_\_\_\_ Phone \_\_\_\_\_

If cost of building works is over \$12000 what is the name of the insurer of the builder. (NB Insurance may not be required if the work you are carrying out is Commercial, industrial or high rise residential).

Name of Insurer NOT KNOWN AT THIS TIMEHave you attached to this notice evidence that the licensed person is insured to carry out this type of work? ☐ Yes ☒ NoHave you attached to this notice a declaration (signed by each owner of the land) that the reasonable market cost of the labour and materials to be used is less than \$5000? ☐ Yes ☒ No

## 7. Nominate the Date the work will commence

Date ~~NOT KNOWN AT THIS TIME~~ — LATEST SEPT 2005 OR LATER 26/7/05

## 8. PCA Signature

The principal certifying authority must sign the notice

1) I acknowledge that I have seen evidence that the builder is licensed and insured, or that I have seen evidence that the building works are to be undertaken by a person with an owner-builder permit.

2) I acknowledge that I have been appointed by the applicant to carry out the role of the Principal Certifying Authority for this development.

3) I acknowledge that all conditions of the development consent that are required to be satisfied prior to the work commencing, have been satisfied including that all relevant fees, charges and contributions have been paid.

Signature Of PCA W. TrebleName of PCA THE CERTIFICATION GROUP - WAYNE TREBLEDate 21/7/05

## 9. Applicant / Owner's Signature

The applicant / Owner to sign Authority ☒ Owner ☐ ApplicantSignature Peter O'MaraDate 8-07-05

## 10. Privacy policy

The information you provide in this notice is required under the Environmental Planning and Assessment Act 1979 if you are going to erect a building. If you do not provide the information to the consent authority, you cannot commence the work. The information will be held by the consent authority and by the council (if the council is not the consent authority). Please contact the certification group if the information you have provided in this notice is incorrect or changes.

THE CERTIFICATION GROUP PTY LTD  
APPROVED CONSTRUCTION CERTIFICATE  
DOCUMENTATION.

**COUNCIL COPY**

PETER ANTHONY O'MARA  
39 OLVERT PARADE  
NEWPORT BEACH 2106

OFFICE OF **FAIR TRADING**

NSW Consumer Protection Agency

**Department of Commerce**

HOME BUILDING ACT 1989

OWNER BUILDER PERMIT

Permit :295397P  
Receipt:AA2090536

Issued:21/06/2005  
Amount:\$129.00

**Building Site:**

LOT A, 39 CALVERT PARADE, NEWPORT BEACH 2106

**Authorised Building Work:**

DA N0135/05 ALT. & ADD. SOLE OCCUPANCY DWELLING  
BUILDING WORK AS PER BA NO.  
ISSUED BY PITTWATER COUNCIL

Should the property be sold within 6 years of completion of the work it will be necessary to obtain home warranty building insurance from approved insurers if the value of the work was greater than \$12,000. A certificate of insurance must be attached to any contract for sale.

You should obtain professional advice from general insurers regarding public liability and property damage cover, etc.

Note: This permit is only valid when an official receipt has been imprinted.  
If payment is made by cheque, the permit is conditional on the cheque being met at presentation.

  
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Issuing Officer

\*\*\*\*\* END OF PERMIT \*\*\*\*\*