

the certification group

enhancing building perform COUNCIL COPY

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)

Details of the applicant (Owner/s or persons having benefit of the DA Consent)			
Mr □ Ms □ Mrs □ Dr □ Other Other			
First name_MATER_MARIA_CATHOLIC_LOCLECE Family name			
Flat/street no. 5 Street name FOREST ROAD			
Suburb or town WARRIEWOOD State NSW Postcode 2107			
Tel/ mobile 02 9997 7044 Fax 02 9997 6042			
E-mail maita mouters@ mmcc. dbb. catholic. edu.au			
2. Details of the land to be developed			
Unit/ Suite/Street no. Street name FOREST ROAD			
Suburb or town WARKIGWOOD NSW Postcode 210Z			
Lot.no			
3. Description of the work proposed			
Type of work proposed:			
Construction Cost of Works \$ 18 500			
Description of the work_SHADE STRUCTURE			
4. Details of the relevant development consent granted			
A .Details of the development consent:			
Development application no. // 0020/05 Date the consent was granted 24. 02. 05 Complying development certificate no. No020/05 Date the certificate was issued //			
B. Where a construction certificate has been issued for the building:			
Construction certificate no. 1/1/2005 Date the certificate was issued 4.3.05			
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			
have appointed a principal certifying authority			
Name of the principal certifying authority of the Certification Group Mark regional			
Name of the principal certifying authority The Certification Group - Moule Wysman Address of the principal certifying authority THE CERTIFICATION GROUP -20. Boy 870 - Novabler 2101			
Telephone No. 02 9944 8222 Accreditation Number 10061.			
Accreditation body			

6. Builder information (Residential Building work)		
I. Are you going to build a dwelling or other structure or alter / add to a dwelling if the c	ost of building work is over	er \$5000 (materials & labour)
		or the open (matternals & labour)
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 Just And MASTRALIA	Permit No	~/A.
Will the work be carried out by someone who is licensed to do so?		
□ No		
Yes > What is the name of the builder and contractor licence no.?		
Name SUNSHADE AUSTRALIA Licence No Commute al - N/	4 - Phone 02 5	9745019
If cost of building works is over \$12000 what is the name of the insurer of the builder. (NB I out is Commercial, industrial or high rise residential.	nsurance may not be requi	ired if the work you are carrying
Name of Insurer - Commercial property - N/A.		
Have you attached to this notice evidence that the licensed person is insured to carry out	this type of work? 📋 ነ	(es 🗆 No 🦡 .n/A
Have you attached to this notice a declaration (signed by each owner of the land) that the	manamahla manalasa	, ,
be used is less than \$5000? Yes No	reasonable market cost o	f the labour and materials to
7.Nominate the Date the work will commence		
Date THURSDAY MARCH 10, 2005		
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 i	the building works are to be
undertaken by a person with an owner-builder permit WA - Connected and insured, or that	wolle or comme	ical property.
2) I acknowledge that I have been appointed by the applicant to carry out the role of the Pi	rincipal Certifying Authori	ty for this development.
3) I Acknowledge that all conditions of the development consent that are required to be sa satisfied including that all relevant fees, therees and contributions have been paid.	tistied prior to the work o	ommencing, have been
Signature Of PCA		
Name of PCA Madrlelyan		
Date		
9. Applicant / Owner's Signature		
The applicant / Owner to sign Authority Owner Applicant		
Signature		
Date		
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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 - 28 Cook Terrace Mona Vale NSW 2103 . PO Box 870 Narrabeen NSW 2101 tel 9944 8222 . fax 9944 6330 . email: info@thecgroup.com.au . www.thecgroup.com.au . acn 111 092 632