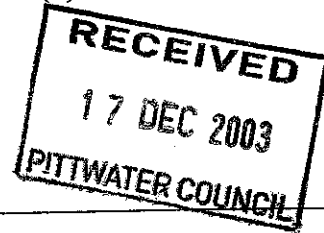




Unit 9/5 Vuko Place,  
Warriewood NSW  
2102  
PO Box 882, Mona  
Vale NSW 1660  
Tele:(612) 9970 1111  
Fax:(612) 9970 7150

## 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).



### DEVELOPMENT CONSENT

Development Application No: <b>No 435/03</b>	Determination Date: <b>1.10.03</b>
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### CONSTRUCTION CERTIFICATE

Construction Certificate No: <b>CC 0289/03</b>	Date of Issue: <b>9.12.03</b>
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### SITE DETAILS

Unit/Suite:	Street No:	Street:
	<b>27C</b>	<b>Alexandra Cres</b>
Suburb: <b>Bayview</b>	Lot No: <b>33</b>	Deposit /Strata Plan: <b>876610</b>

### APPLICANT DETAILS

Name/Company:	Contact Person: <b>George</b>
Address: <b>AWARD POOLS &amp; LANDSCAPES PTY. LTD.</b> P.O. Box 6763 Baulkham Hills Business Centre 2153 (Lot 4 Old Windsor Rd Kellyville) Ph (02) 9629 3639	Phone (H/B): <b>9629 3639</b> Mobile: ..... Email: ..... Fax: <b>9629 1023</b>

### DEVELOPMENT DETAILS

Type of Work: <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Additions / Alterations <input type="checkbox"/> Subdivision	Brief description of development: <b>Inground concrete pool</b>
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### PRINCIPAL CERTIFYING AUTHORITY

<input checked="" type="checkbox"/> <b>PITTWATER COUNCIL</b>	
<input type="checkbox"/> OTHER	Name: ..... Accreditation No. .... Address: ..... Phone: ..... Email: .....

**COMPLIANCE WITH DEVELOPMENT CONSENT**

Have all conditions to be addressed prior to the commencement of works been satisfied?

YES

NO (see Note below)

**Note:** If **NO** work must not commence.

Please be aware that failure to address these conditions may leave you liable and in Breach of the Environmental Planning and Assessment Act 1979 (as amended). Penalties may include an on-the-spot fine and/or legal action.

If you are uncertain as to these requirements please contact Council's Development Compliance Group.

**HOME BUILDING ACT 1989**

**Note:** Only applicable to development involving erection / alteration / addition of residential dwellings, units or associated buildings.

Are you an Owner Builder?

YES Owner Builders Permit No: .....

NO (please complete Builder details below)

Name of Builder:.....

Phone:.....

Mobile:.....

Email:.....

Fax:.....

**AWARD POOLS & LANDSCAPES PTY. LTD.**

P.O. Box 6763  
Baulkham Hills Business Centre 2153  
(Lot 4 Old Windsor Rd Kellyville)  
Ph. (02) 9629 3639

Contact Person:

George

Insurance Company:

Australian Home  
Warranty PLC.

Have you attached evidence that the licensed person is insured to carry out this type of work?

Insurance Certificate attached:  YES

**Note:** The above requirements are not necessary if you have attached to this notice a declaration, signed by each owner of the land that the reasonable market cost of labour and materials to be used is less than \$5000?

Signed Declaration attached:  YES

**VALUE OF PROPOSED DEVELOPMENT**

Estimated value of proposed works: \$ 71,000.00

\*Note: The Commencement fee will be calculated on this figure as per the 'Fee Structure' attached.

**DATE WORK IS TO COMMENCE**

Minimum notice of two (2) days is required to be given prior to commencement of works.

Date of commencement: Approx. Mid January 2004.

**SIGNATURE**

Applicant's Name:

M. Hazell

**AWARD POOLS & LANDSCAPES PTY. LTD.**  
P.O. Box 6763  
Baulkham Hills Business Centre 2153  
(Lot 4 Old Windsor Rd Kellyville)  
Ph (02) 9629 3639

M. Hazell

**OFFICE USE ONLY**

Date of receipt:	Receipt No.:	Amount Paid:	Accepted by:



# Australian Home Warranty Pty Ltd

ABN 58 072 501 047

245 Racecourse Road, Flemington VIC 3031 Telephone: 1300 300 115 Facsimile: 1300 308 115

## Policy Schedule/Certificate of Insurance

TAX INVOICE

# HOME WARRANTY - JOB SPECIFIC POLICY (NSW)

## Policy Schedule / Certificate of Insurance

TAX INVOICE

This certificate, when signed by an authorised representative of the Insurer or it's agent, is a contract of insurance complying with: Section 92 in respect of CONTRACT WORK, or Section 93 in respect of SUPPLY OF KIT HOME, or Section 95 in respect of OWNER BUILDER Work, or Section 96 in respect of WORK BY DEVELOPERS AND OTHERS, of the Home Building Act 1989 issued the Insurer in respect of the Residential Building Work Contract detailed below. Subject to the Act and the Home Building Regulation 1990 and the conditions of the insurance contract, cover will be provided to the person named as beneficiary below and successors in title to the beneficiary.

**POLICY No.:** Reward -002      **CERTIFICATE No.:** 042868      **POLICY ISSUED:** 25-Feb-03

### INSURED

**The Building Owner (Beneficiary):** A & D Morrocco  
**Postal Address:** 27c Alexandra Crescent, Bayview 2104

### RESIDENTIAL BUILDING WORK DETAIL

<b>(Description of work):</b>	Construction of swimming pool - as per application dated 19/2/03		
<b>At (Site Address):</b>	27c Alexandra Crescent, Bayview 2104		
<b>Municipality:</b>		<b>Contract Date:</b>	12/02/2003
<b>Project Manager:</b>	Bradley Gordon Baxter	<b>Contract Price:</b>	\$71,000.00
<b>Estimated Start Date:</b>	12/02/2003	<b>Estimated Completion Date:</b>	

### CONTRACTOR

**Carried out by (Trading Name):** Award Pools & Landscapes Pty Ltd  
**Business Address:** , 2150  
**ACN No.:**  
**Licence/Contractor No.:** 41211  
**Phone No.:**

### MAXIMUM AMOUNT OF COVER AND CLAIMS

The limit of liability is \$200,000 in relation to each dwelling, or such amount as is determined by Regulations pursuant to the Home Building Act. The period in respect of which claims may be made commences on the date of the relevant Residential Building Work Contract or date of issue of the building permit for the relevant work (whichever is the earlier); and expires on the date being seven (7) years after the date of completion of the Residential Building Work, provided that the Insured shall have 90 days from expiry of the period of insurance in which to notify the Insurer of any matter of which the Insured became aware during the period of insurance as existence of grounds for a claim.

### PREMIUMS AND CLAIMS EXCESSES

<b>Claims Excesses</b> The Insured shall bear at his/her/its own risk five hundred dollars (\$500) in respect of each claim made under the policy.	<b>Net Premium:</b>	\$854.65 (includes agent fee of \$253.09 and GST on fee)
	<b>GST:</b>	\$60.16
	<b>Stamp Duty:</b>	\$33.09
	<b>Total Premium and Charges:</b>	\$947.89

### SIGNED BY A PERSON AUTHORISED BY THE INSURER

Reward Insurance Ltd, Level 4, 95 Queen Street, Melbourne VIC 3000 (ABN 90 007 118 854)

**Murray F Nugent**

Name of the signatory

Australian Home Warranty Pty Ltd

Signature of authorised officer

Fiddwater Council

ABN: 6134083767

# TAX INVOICE OFFICIAL RECEIPT

17/12/2003 Receipt No 132404

To AWARD FOOLE & LANDSCAPES  
PTY LTD

PO BOX 6763  
BULLKHAM HILLS  
NSW 2183

Qty/ Applie	Reference	Amount
1	MIND-H88	\$200.00
BL Rec 1	X DA 00433/03	
	GST	\$20.00
3L Rec		
	To BL Receipts	

Total Amount: \$220.00  
Includes GST of: \$20.00

Amounts Tendered

Cheque	\$220.00
Total	\$220.00
Rounding	\$0.00
Change	\$0.00
Nett	\$220.00

Printed 17/12/2003 11:40:33 AM  
Cashier BKilroy