

CRITICAL STAGE INSPECTIONS

The owner or the principal contractor must contact our office 48 hours prior to the following stages indicated below to arrange an inspection

BCA Class of Building	PCA to tick if inspection required	Critical Stages
<input type="checkbox"/> Class 1 <input checked="" type="checkbox"/> Class 10	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	1 Commencement of building work 2 Prior to placement of footings 3 Prior to pouring reinforced concrete building element 4 Prior to covering any stormwater drainage connections 5 Prior to covering floor, wall and roof framework 6 Prior to covering waterproofing of any wet areas 7 Completion of building work
PCA to state any other inspections when required		
<input checked="" type="checkbox"/> POOL FENCE		
<input type="checkbox"/>		
<input type="checkbox"/>		

DETAILS OF PCA AND NOTICE OF COMMENCEMENT

DA No N0280/08	Date of Consent 28/7/08
CC No 08/3227	Date of Consent 11 SEP 2008
CDC No	Date of Consent
Commencement date 16/9/08	
Name of PCA	Simon Trives
PCA Accreditation No	POO12
ADDRESS of PCA Unit 9A, 36 Holbeche Rd, Arndell Park NSW 2148 (PO Box 2 Doonside 2767) PCA Telephone No 02 9676 2370 PCA Fax No 02 9676 2594 Accreditation Body PlanningNSW – 20 Lee St, Sydney NSW 2000	
Signature of PCA	<div style="border: 2px solid black; padding: 5px; text-align: center;"> SCANNED 15 SEP 2008 PITTWATER COUNCIL </div>



176 Wellington Pde, East Melbourne VIC 3002
Telephone 1300 300 115 Facsimile 1300 300 115
A division of CAMPS Insurance Brokers Ltd
ABN 34 005 543 520 AFSL No 715312

Policy Schedule / Certificate of Insurance

Underwritten by Lumley General Insurance Limited (ABN 24 000 036 279) (Insurer)

OWNER COPY

HOME WARRANTY - JOB SPECIFIC POLICY (NSW) - Owner Copy

This certificate when read in conjunction with the Policy of Insurance is a contract of insurance complying with Section 92 in respect of CONTRACT WORK or Section 93 in respect of SUPPLY OF A 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 (The Act) and/or the Home Building Regulation 1997 (The Regulations) issued by the Insurer in respect of Residential Building Work performed by the Contractor in line with the Residential Building Work Contract detailed below Subject to the Act the Regulation and the conditions of the Contract of Insurance cover will be provided to the person named as Beneficiary below and Successors in Title to the Beneficiary

POLICY No	LGI 001	CERTIFICATE No	131090	POLICY ISSUED	23/10/2007
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INSURED

The Building Owner (Beneficiary)	S Kranenburg
Postal Address	201 Plateau Road Bilgola NSW 2107

RESIDENTIAL BUILDING WORK

Residential Building Work Covered by this Policy	Construction of a concrete swimming pool as per application dated 23/10/07		
At (Site Address)	201 Plateau Road, Bilgola NSW 2107		
Municipality	Pittwater	Contract Date	
Project Manager	Ragheb Awadallah	Contract Price	\$51,000 00
Est Start Date	06/11/2007	Est Completion Date	06/11/2008

CONTRACTOR

Carried out by (Trading Name)	Blue Haven Pools & Spas Pty Ltd
Postal Address	68 Hume Highway Lansvale NSW 2166
ABN / ACN No	22 050 069 193
Licence/Contractor No	5367c
Phone No	02 9728 0444

MAXIMUM AMOUNT OF COVER AND CLAIMS

The limit of liability is \$300 000 00 in aggregate in relation to each Dwelling or such amount as is determined by the Regulations pursuant to the 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 Construction Certificate for the relevant work (whichever is the earlier) and expires on the date defined by Section 4 of the Contract of Insurance 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

CLAIMS EXCESS

The Insured shall bear at his/her/its own risk five hundred dollars (\$500) in respect of each Claim made under this Policy

PREMIUM

Paid by Builder

SIGNED BY A PERSON AUTHORISED BY THE INSURER

Lumley General Insurance Ltd Level 9 309 Kent Street Sydney NSW 2000 (ABN 24 000 036 279)

LETTER OF CONSENT

OWNERS CONSENT

I/we the owners of the subject property hereby give consent for the lodgement of all relevant applications (i.e. Development Application----- Construction Certificate----- Complying Development Certificate----- Occupation Certificate----- Compliance Certificate-----) for consideration.

I/we also declare that all documentation presented as part of an application for a Construction Certificate has remained unaltered from that issued with any Development Consent or that any changes have been documented and advised accordingly

PRINCIPAL CERTIFYING AUTHORITY

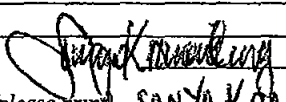
With reference to this proposed development I/we the owners of the subject property hereby advise of our decision to appoint ☒ Simon Trives (please select by ticking the box) to fulfil the role of Principle Certifying Authority (PCA) as outlined in the Environmental Planning and Assessment Act, 1979 (as amended)

I/we understand that this engagement shall be subject to the Terms and Conditions outlined in this application and the associated Schedule and I/we further understand that he will carry out all mandatory inspections required by the Act during the course of construction along with any others that he deems to be necessary and referred to the above mentioned Agreement.

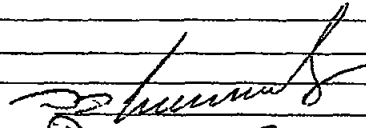
I/we also advise that I/we are aware of the conditions attached to any Development Consent (i.e. Local Development Consent or Complying Development Consent) and are aware of our responsibilities in relation to those conditions

SIGNATURES

APPLICANT

Signed 
Name (please print) SANYA KRANENBURG Date _____

OWNER/S

Signed 
Name (please print) Simon Kranenburg Date _____

Signed _____
Name (please print) _____ Date _____

Signed _____
Name (please print) _____ Date _____

Signed _____
Name (please print) _____ Date _____