



the certification group

enhancing building performance

THE CERTIFICATION GROUP
APPROVED CONSTRUCTION CERTIFICATE
DOCUMENTATION

COUNCIL COPY

NOTICE TO COMMENCE BUILDING WORK AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

Office Use Only
CC 109/2009
Job: WHN113-09

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 RAY Family name WERREN, MATER MARIA CATHOLIC COLLEGE
Flat/street no 5 Street name FOREST ROAD
Suburb or town WARRIEWOOD State NSW Postcode 2102
Tel/mobile 02 9997 7044 Fax 02 9997 6042
E mail mark.suters@dbb.edu.au

2 Details of the land to be developed

Unit/ Suite/Street no 5 Street name FOREST ROAD
Suburb or town WARRIEWOOD Postcode 2102
Lot no 12 Council Area PITTWATER Deposit / SP Plan 1042213

3 Description of the work proposed

Type of work proposed New Building Additions / Alterations
Construction Cost of Works \$15,000
Description of the work SHADE STRUCTURES

4 Details of the relevant development consent granted

A Details of the development consent
Development application no N0513/08 Date the consent was granted 8/12/08
Complying development certificate no _____ Date the certificate was issued _____

B Where a construction certificate has been issued for the building

Construction certificate no 109/2009 Date the certificate was issued 25-2-2009

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
Address of the principal certifying authority 3/6 WILMETTE PLACE, MONA VALE
Telephone No 9944 8222 Accreditation Number BPB0449
Accreditation body NSW BUILDING PROFESSIONALS BOARD



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 & labour)

- No
 Yes > Please complete part 2 below

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2 Are you an owner builder?

- Yes > What is the name of the owner builder and owner builder permit no?

Owner Builder _____ Permit No _____

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 COMMERCIAL N/A Phone 02 9974 5019

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 use residential)

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? Yes No

Have 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 03/03/2009

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 _____

Name of PCA MARK WYSEMAN

Date 25-2-2009

9 Applicant / Owner's Signature

The applicant / Owner to sign Authority Owner Applicant

Signature _____

Date 13/1/2009

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