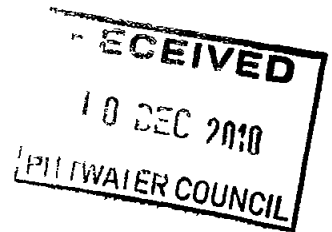


**Davis Langdon**   
An AECOM Company

Davis Langdon  
Level 5 100 Pacific Highway  
NORTH SYDNEY NSW 2060  
PO Box 1891  
NORTH SYDNEY NSW 2059  
www.davislangdon.com  
www.aecom.com

+61 2 9956 8822 tel  
+61 2 9956 8848 fax



03 December 2010

The General Manager  
Pittwater Council  
PO Box 882  
MONA VALE NSW 1660

Attention Records Department

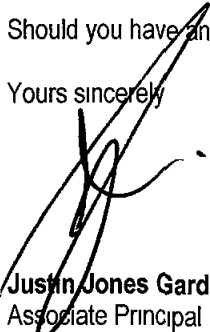
**Vodafone Warriewood Centro**  
**Final Occupation Certificate No 251190**

Please find attached a copy of the Final Occupation Certificate signifying compliance with the Complying Development Certificate approval together with copies of the information relied upon, for your records

Please also find enclosed cheque payable to Council for the appropriate certificate registration fee Please send a receipt to the undersigned at our office at your earliest convenience

Should you have any queries please contact me on 02 9956 8822

Yours sincerely

  
**Justin Jones Gardiner**  
Associate Principal

*330 REC. 223839 10/12/10*

Davis Langdon Australia Pty Ltd ABN 40008657289

## Final Occupation Certificate

Issued under the Environmental Planning & Assessment Act 1979,  
Sections 109C(1)(c), 109H and 109I and  
Environmental Planning & Assessment Regulation 2000 – Part 8, Division 3

CDC No 251190 Certificate No 251190

### 1. Details of the applicant

Name Anglely & Arrowsmith Pty Ltd  
Address 700 Collins Street, DOCKLANDS VIC 3008  
Contact Tel 03 8610 8300 Fax 03 8610 8388 Email

### 2. Details of the building

Address Shop 57 Centro Warriewood Shopping Centre, Jacksons Road, WARRIEWOOD NSW 2102  
Description of the building Part - Shop 57 only  
Lot No / Section -  
DP / MPS No -  
Volume / Folio   
BCA Classification 6 Retail

### 3. Decision of the certifying authority

Decision Approved  
Date of this decision 03 December 2010

### 4. Information attached to this decision

- ☒ A schedule of fire safety measures
- ☒ The final fire safety certificate
- ☒ Schedule "A" – Information relied upon in certificate determination
- ☒ Critical Stage Mandatory Inspection Summary Report

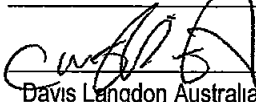
### 5. Final Occupation Certificate

Charles Slack Smith certifies that

- ☐ the health and safety of the occupants of the building have been taken into consideration (Interim Certificate only)
- ☐ a current development consent has been granted for the development
- ☒ a current complying development certificate has been issued for the development
- ☐ a current construction certificate has been issued with respect to the plans and specifications for the building
- ☒ the building is suitable for occupation or use in accordance with its classification under the Building Code of Australia as a **Class 6** building
- ☒ a final fire safety certificate has issued for the relevant part of the building
- ☐ a final fire safety certificate has been issued for the building
- ☐ a final report from the Commissioner of Fire Brigades has been considered

Certificate No 251190 Date of this certificate 03 December 2010

### 6. Certifying Authority

Name of Certifying Authority Charles Slack Smith  
Signature   
Address Davis Langdon Australia Pty Ltd ABN 40 008 657 289  
Level 5, 100 Pacific Highway, North Sydney NSW 2060  
Contact Tel (02) 9956 8822 Fax (02) 9956 8848  
Accreditation Body Building Professionals Board  
Accreditation No BPB0378

(continued)  
Final Occupation Certificate

CDC No 251190

Certificate No 251190

**7. Schedule A – Information Relied Upon in Certificate Determination**

- Davis Langdon Application for Final Occupation Certificate dated 30/11/10
- Final Fire Safety Certificate issued by Angle Arrowsmith dated 30/11/10
- Installation Certificate for Sprinkler Systems and Portable Fire Extinguisher issued by Wormald dated 02/12/10
- Installation Certificate for Mechanical Ventilation dated
- Installation Certificate for Exit & Emergency Lighting Systems issued by Marck 1 Electrical Services dated 01/12/10
- Installation Certificate for General Electrical issued by Mark 1 Electrical Services dated 01/12/10
- Installation Certificate for Artificial Lighting issued by Mark 1 Electrical Services dated 11/11/10
- Carpet fire test reports
- Tile slip resistance report for tile flooring

15

(continued)  
Final Occupation Certificate

CDC No 251190 Certificate No 251190

8. Fire Safety Certificate and Fire Safety Schedule

To ensure compliance with the requirements of the Environmental Planning & Assessments Act Regulation, the owner of the buildings shall submit to Council/Certifier a certificate of compliance in respect to each essential service required to be installed within the building

- a) That the service(s) have been inspected and tested by a person competent to carry out such an inspection test, and
- b) That the service was or was not (as at the date on which it was inspected and tested) found to have been designed, installed and to be capable of operating to the standard as specified

Such a certificate is required to be submitted on completion and prior to occupation of the building

Essential services are required to be installed and maintained to approved operating standards as set out in the schedule attached hereto

The owner of the building is required to submit to Council at least once in each twelve (12) month period after a certificate has been issued a further certificate with respect to each essential service installed in the building

| Fire Safety Measure                                                           | Standard of Performance                   | Existing Fire Safety Measures       | Proposed Fire Safety Measures       |
|-------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------------|
| Automatic fire suppression systems (sprinklers)                               | AS 2118 1 – 2005 AS 1851 3 – 1985         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Automatic fire detection & alarm systems                                      | AS 1670 – 2001 AS 1851 8 – 1987           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Emergency warning and intercommunication systems (EWIS)                       | AS 2220 1/2, AS 4428 1 – 1998, AS 1851 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Fire hydrants                                                                 | AS 2419 1 – 1996 AS 1851 4 – 1992         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Hose reel system                                                              | AS 2441 – 1988 AS 1851 2 1995             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Portable fire extinguishers                                                   | AS 2444 – 2001 AS 1851 1 – 1995           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Emergency lighting                                                            | AS 2293 1, BCA E4 2 & E4 4                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exit signs – common areas                                                     | AS 2293 1 BCA E4 5 & E4 8                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fire doors                                                                    | AS 1905 1 – 1997                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Automatic fail safe devices                                                   | BCA D2 19, D2 21                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Warning and operation signs                                                   | LGA 654, BCA D2 22 & D2 23                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Mechanical air handling system / smoke control                                | AS 1668 1                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fire dampers                                                                  | AS 1668 1, AS 1682 1 & 2                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Fire seals (protecting openings in fire resisting components of the building) | AS 4072 1 – 1992 AS 1530 4 1975           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Paths of travel stairways, passageways or ramps                               | BCA D2 7, EPA Reg 2000                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

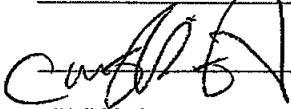
Mandatory Critical Stage Inspection Summary Report (CSI)

| Type of Critical Stage Inspection                               |                                                                                                                              | Please indicate date of inspection carried out for this project                 |                               |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|
|                                                                 |                                                                                                                              | Date                                                                            | Name & Accreditation No.      |
| <input checked="" type="checkbox"/>                             | Pre-Certification Inspection                                                                                                 | 28 Sep 10                                                                       | Charles Slack-Smith / BPB0378 |
| <input type="checkbox"/>                                        | After excavation for, and prior to the placement of any footings                                                             |                                                                                 |                               |
| <input type="checkbox"/>                                        | Prior to pouring any in-situ reinforce concrete building element                                                             |                                                                                 |                               |
| <input type="checkbox"/>                                        | Prior to covering of the framework for any floor, wall, roof or other building element                                       |                                                                                 |                               |
| <input type="checkbox"/>                                        | Prior to covering waterproofing in any wet areas (only 10% for Class 2, 3 & 4 buildings)                                     |                                                                                 |                               |
| <input type="checkbox"/>                                        | Prior to covering any stormwater drainage connections                                                                        |                                                                                 |                               |
| <input checked="" type="checkbox"/>                             | After the building work has been completed and prior to any occupation certificates being issued in relation to the building | 29/11/10                                                                        | Charles Slack-Smith / BPB0378 |
| Site Details                                                    |                                                                                                                              |                                                                                 |                               |
| Address                                                         |                                                                                                                              | Shop 57 Centro Warriewood Shopping Centre<br>Jacksons Road, WARRIEWOOD NSW 2102 |                               |
| DA No                                                           |                                                                                                                              | CDC No 251190                                                                   |                               |
| Record of Inspection                                            |                                                                                                                              |                                                                                 |                               |
| Inspection by other Accredited Certifier (if not PCA)           | Name of Accredited Certifier                                                                                                 |                                                                                 |                               |
|                                                                 | Accreditation No                                                                                                             |                                                                                 |                               |
|                                                                 | Has Report by Accredited Certifier been attached? (Yes / No)                                                                 |                                                                                 |                               |
| Was work carried out satisfactorily?                            | Yes                                                                                                                          |                                                                                 |                               |
| Notes                                                           |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |
| Missed Inspection                                               |                                                                                                                              |                                                                                 |                               |
| Was Inspection missed due to "unavoidable circumstances"?       | No                                                                                                                           | If yes, what are the unavoidable circumstances?                                 |                               |
| Principal Contractor                                            | Name                                                                                                                         | Shayne Wilson, Shop Works                                                       |                               |
|                                                                 | Address                                                                                                                      | Factory 61 Brisbane Street ELTHAM VIC 3095                                      |                               |
|                                                                 | Tel                                                                                                                          | 03 9431 4755                                                                    |                               |
| Was all of the works for each stage carried out satisfactorily? | (Yes / No)                                                                                                                   |                                                                                 |                               |
| Evidence of compliance received                                 |                                                                                                                              |                                                                                 |                               |
| Notes                                                           |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |
|                                                                 |                                                                                                                              |                                                                                 |                               |

Name of PCA

Charles Slack Smith

Signature of PCA



Date

03 December 2010

Accreditation Number

BPB0378

APPLICATION FOR  
OCCUPATION CERTIFICATE

Under Sections 109C (1)(b) 81A (4) of the Environmental Planning and Assessment Act 1979

Level 5 100 Pacific Highway NORTH SYDNEY 2060  
T +61 (2) 9956 8822 F +61 (2) 9956 8848

Application submitted with  
Davis Langdon  
Level 5 100 Pacific Highway  
North Sydney NSW 2060  
Tel (02) 9956 8822 Fax (02) 9956 8848

|                 |
|-----------------|
| Office Use Only |
| IOC/OC No _____ |

Applicant Details

Name Max P. Rack  
Company Kubrick Architecture Pty Ltd  
Address 100 Pacific Highway North Sydney NSW 2060  
Post Code 2060  
Contact numbers Phone 02 9956 8822 Mobile 02 9956 8822  
Email max@kubrick.com.au Fax 02 9956 8848

By Completing this section I hereby confirm that I am not the Principal Contractor or Builder, See Note 1

Signature of Applicant (Capacity) [Signature] Date 10/11/200

We hereby wish to apply for ☐ Interim Occupation Certificate ☒ Final Occupation Certificate in respect of this proposal

Proposal Details 100 Pacific Highway North Sydney NSW 2060  
Address 100 Pacific Highway North Sydney NSW 2060  
Post Code 2060  
Lot No, DP, SP etc Lot No 100 DP 100

Classification of the building as identified by the Development Consent:

- ☒ Part of building covered under this proposal  
☐ Other parts of the building covered under this proposal

If this application is for an Interim Occupation Certificate, please complete the following

Part of the building to be occupied  
[Blank line]

Date upon which the remainder of the building project is to be completed N/A

- Notes
- 1 In accordance with Clause 139(1A) and Clause 149(2B) of the EP&A Regs 2000, the applicant cannot be the Principal Contractor or Builder. The applicant is to be the person having the benefit of the Development Consent, for example, the owner, tenant, architect, design or project manager (who is not the builder or Principal Contractor)
  - 2 A Final Occupation Certificate is to be obtained before all of the building / project is occupied
  - 3 This Application must be accompanied by
    - o a copy of the relevant Development Consent, OR Complying Development Certificate,
    - o a copy of the relevant Construction Certificate,
    - o a copy of any relevant Fire Safety Certificate,
    - o a copy of any Compliance Certificate(s) which have been issued
  - 4 This Application must be delivered by mail, by hand or emailed to our office. Regrettably, we are prevented from receiving these applications by facsimile

See over



**List of Documents which accompany this application**

• Combined linear / interacting fixed  
effects models.

# Final / Interim Fire Safety Certificate

Environmental Planning & Assessment Regulation 2000 – Part 8, Division 3

## Type of Certificate

Type of certificate issued

☐ Interim

☒ Final

## Details of Certificate

Name of Owner/Agent

I, MAX DURACK

Address

of 125 W. 10th Avenue, Richmond, VIC 3121

certify that

(a) each of the essential fire measures listed below

- has been assessed by a person (chosen by me) who was properly qualified to do so and
- was found when it was assessed to have been properly implemented and to be capable of performing to a standard not less than that required by the most recent fire safety schedule (copy attached) for the building for which the certificate is issued

(b) the information contained in this certificate is to the best of my knowledge and belief, true and accurate

## Identification of the Building

Street Jacksons Rd Warneewood

Side of street North

Nearest cross street Laurel St

House/Unit number N/A

Description of the building  
(whole or part) Part – Shop 57 Centro S/C

## Date of Assessment

Date of assessment 10.11.2010

## Essential Fire Safety Measures

| Fire Safety Measure                         | Standard                                 | BCA Clause(s)        |
|---------------------------------------------|------------------------------------------|----------------------|
| Automatic fire suppression systems          | AS 2118 1 – 1999                         | Spec E1 5            |
| Emergency lighting                          | AS 2293 1 – 2005                         | E4 2 E4 4            |
| Exit signs                                  | AS 2293 1 – 2005                         | E4 5 NSW E4 6 & E4 8 |
| Mechanical air handling systems             | AS/NZS 1668 1 – 1998<br>AS 1668 2 – 1991 | E2 2                 |
| Portable fire extinguishers & fire blankets | AS 2444 – 2001                           | E1 6                 |
| Paths of Travel                             |                                          | Section D BCA        |

## Date of Certificate

Date of this certificate 10.11.2010

## Signature

Agent / Owner's Signature

Capacity

Max Durack  
Director Durack A+X

- A copy of this certificate together with the relevant fire safety schedule must be forwarded to the Council and the Commissioner of the New South Wales Fire Brigades
- A copy of this certificate together with the relevant fire safety schedule must be prominently displayed in the building
- A Fire Safety Certificate is a certificate issued by or on behalf of the owner of the building

**m3**  
Modular Carpet

**ODYSSEY**

## Specifications

|                   |                                                    |
|-------------------|----------------------------------------------------|
| Construction      | Level Loop                                         |
| Fibre Contains    | 100% Classlon                                      |
| Dye Methods       | Solution Dyed                                      |
| Gauge             | 1/10th                                             |
| Pile Weight       | 640gms/m <sup>2</sup>                              |
| Stitches per inch | 10                                                 |
| Pile Height       | 4.00mm                                             |
| Primary Backing   | Non Woven lutrador                                 |
| Secondary Backing | Fibre Glass Reinforced<br>Grids Pink Polypropylene |
| Total Weight      | 4000gms/m <sup>2</sup>                             |



## Performance

|                         |                                                              |
|-------------------------|--------------------------------------------------------------|
| Wear Classification     | M-1000                                                       |
| Flammability Test       | EN 13501-1 Class Bfl                                         |
| Colourfastness to Light | U.V. Stabilised                                              |
| Anti Static             | Passes Static Load CNS 13594-5/7<br>(10.2% 24 Hour Recovery) |
| Dimensional Stability   | Passes (both expansion and contraction)                      |
| Warranty                | 5 Years Commercial<br>Limited Warranty                       |

## Disclaimers

1. According to international Carpet Manufacturing norms colour may differ from dye lot to dye lot within tolerance
2. Please take note of the dye lot number on the cartons before installing the product
3. Recommended laying for Carpet Tiles : Checker board pattern

# SLIP ASSESSMENT SERVICES

ANTHONY DEBECK FAMILY TRUST ABN 90 490 257 206

PO BOX 431  
COOGEE  
NSW 2034

slipassessment@bigpond.com  
www.slipassessment.com

TEL 02 9665 4985  
FAX 02 9665 2992  
MOB 0412 026 808

## Test Report No 195/2010

Slip resistance classification of new pedestrian surface materials in accordance with AS/NZS 4586 2004 (*Slip resistance of new pedestrian surfaces*) (Wet Pendulum Test)

Requested by Mr Albert Haddad  
Crosbie Projects

Product Description                      Porcelain tiles (10214)  
600mm x 600mm

Testing in accordance with              AS/NZS 4586 2004 Appendix A  
Pendulum Friction Tester              Wessex (S885) Pendulum Friction Tester  
Calibrated 23<sup>rd</sup> September 2010

Tests conducted by                      Anthony Debeck

Date                                              23<sup>rd</sup> September 2010  
Temperature 18°C

Sample                                          Unfixed                      Cleaning Water  
Rubber slider                      Four S Rubber              Conditioned P400 paper dry

| Specimen | 1 | 2 | 3 | 4 | 5 |
|----------|---|---|---|---|---|
|----------|---|---|---|---|---|

|                               |    |    |    |    |    |
|-------------------------------|----|----|----|----|----|
| Mean BPN of last three swings | 23 | 22 | 22 | 23 | 22 |
|-------------------------------|----|----|----|----|----|

**Mean BPN of Sample                      23**

**Class                                              Z**

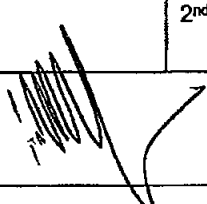
These tiles are suitable for shopping centres excluding food shops in accordance with HB 197 1999, Table 3 Pedestrian Selection Guide-Recommendations for Specific Locations



Anthony Debeck  
Director Slip Assessment Services  
24<sup>th</sup> September 2010

# FIRE SAFETY CERTIFICATE

Issued under the Environmental Planning And Assessment Regulation 2000 Division 4

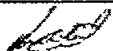
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Type of certificate            | Final <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Interim <input type="checkbox"/>                                                                                                      |
| Name                           | I, Rod McGregor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |
| Address                        | of<br><br>Unit 1 2-8 South St<br>Rydalmere 2116                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       |
|                                | Certify that<br>each of the Essential Fire measures listed below<br>1 Has been assessed by a person (chosen by me) who was properly qualified to do so and<br>2 Was found, when it was assessed to have been properly implemented and to be capable of performing to a standard not less than that required by the most recent Fire Safety Schedule (copy attached) for the building for which the certificate is issued<br>3 The information contained in this certificate is, to the best of my knowledge and belief, true and accurate |                                                                                                                                       |
| Identification of building     | Street Name<br>Suburb<br>Building Name<br>Local Government Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jackson Road<br>Warnewood<br>Centro shopping Centre<br>Pittwater                                                                      |
| Particulars of building        | Whole / Part<br>Description of part (where applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PART – Vodafone – Tenancy T57<br>Modifications to the Fire Services as per quote Ref OPT00256992 dated 11 <sup>th</sup> November 2010 |
| Inspection date                | Dated this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01 <sup>st</sup> December 2010                                                                                                        |
| Owners details                 | Name<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |
| Essential fire safety measures | Standard of performance<br>AS 2118<br>AS 2444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Essential fire safety measure<br>Installation of Automatic Fire Suppression System<br>Portable Fire Extinguisher                      |
| Date of certificate            | Dated this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 <sup>nd</sup> December 2010                                                                                                         |
| Signature                      |  Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |

- > A copy of this certificate together with the relevant fire safety schedule must be forwarded to the Council and the Commissioner of the New South Wales Fire Brigades
- > A copy of this certificate together with the relevant fire safety schedule must be prominently displayed in the building



# FINAL FIRE SAFETY CERTIFICATE

Environmental Planning & Assessment (Regulation 2000 Part 9, Division 4)

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| TYPE OF CERTIFICATE<br>(see note 1)            | Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |
| Certificate<br>Name Owner/agent<br>Address     | I    Wahib Hadid (Agent)<br>of    Chubb Fire Security 120 Silverwater Rd, Silverwater, 2128                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |
|                                                | Certify that<br>a) each of the essential fire measures listed below<br>•    has been assessed by a person (chosen by me) who was properly qualified to do so and<br>•    was found, when it was assessed, to have been properly implemented and to be capable of performing to a standard no less than that required by the most recent fire safety schedule (refer below) for the building for which the certificate is issued<br><br>b) the information contained in this certificate is, to the best of my knowledge and belief true and accurate |                                                                                       |
| IDENTIFICATION OF BUILDING                     | Site<br>Address<br>Nearest cross street<br>Suburb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vodafone Shop<br>Store T57 Centro Warriewood<br>Jackson Street<br>Warriewood NSW 2102 |
| PARTICULARS OF BUILDING                        | <del>WHOLE</del> PART<br>Description of part (where applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vodafone Shop<br>Works Carried out on the 26 11 2010                                  |
| DATE OF ASSESSMENT                             | dated this    26 <sup>th</sup> day of November 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |
| OWNERS DETAILS                                 | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | James Boyce (Shopworks)                                                               |
|                                                | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6/1 Brisbane St Eltham VIC 3095                                                       |
| ESSENTIAL FIRE SAFETY MEASURES<br>(SEE NOTE 3) | <u>Measures</u><br><br>Fire Extinguisher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Standard of Performance</u><br><br>AS 2444 – 2001<br>Clause E1 6 of the BCA        |
| DATE OF CERTIFICATE                            | Dated this    30 <sup>th</sup> day of November 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |
| SIGNATURE                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |

- \* A copy of this certificate together with the relevant fire safety schedule must be forwarded to the Council and the Commissioner of the New South Wales Fire Brigades
- \* A copy of this certificate together with the relevant fire safety schedule must be prominently displayed in the building



Nov 10 03 18p

MARK 1 ELECTRICAL SERVICE ▲

0299487309

p1

0299487309

mark 1

11 November, 2008

To Shopworks  
Attn: Ryan Susans

This letter is to certify that all lighting has been installed as per AGLO Lighting Systems stamped approved drawings and relevant BCA requirements

Yours sincerely,

Mark Clare-Nazer  
Manager



New South Wales chapter | national electrical and communications association  
Level 3 28 Burwood Road Burwood New South Wales 2134 Australia  
PO Box 1106 Burwood North New South Wales 2134  
telephone +61 2 9744 1099 facsimile +61 2 9744 1830  
email necansw@neca.asn.au website http://www.neca.asn.au  
ABN 27 056 174 413

## FORM 17

### CONTRACTOR'S INSPECTION REPORT TO PROPERTY OWNER FIRE SAFETY MEASURE

I, Mark CLARE-WAZER. of MARK 1 ELECTRICAL certify that

- (a) each of the fire safety measure specified in this report
- have been assessed by a properly qualified person and
  - was found when it was assessed by the person to be capable of performing to a standard not less than that required by the current fire safety schedule legislation and the relevant Australian Standard as marked in the schedule below
- (b) the information contained in this report is true and accurate to the best of my knowledge and belief

|                              |                                                                                        |                                                                |   |   |
|------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|---|---|
| Current fire safety schedule | Applicable <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> | Schedule Date                                                  | / | / |
| Owner details                | Name                                                                                   | VODAFONE.                                                      |   |   |
|                              | Address                                                                                | SHOP 57<br>CENTRO PLAZA WARRIEWOOD.<br>JACKSONS RD WARRIEWOOD. |   |   |

|                                       |                                                                         |        |             |              |
|---------------------------------------|-------------------------------------------------------------------------|--------|-------------|--------------|
| Description of the building or part   |                                                                         |        |             |              |
| Unit/Street No. &/or name             | SHOP 57.                                                                |        | Street      |              |
| Particulars of building               | Whole <input type="checkbox"/> Part <input checked="" type="checkbox"/> | Suburb | WARRIEWOOD. |              |
| Nearest cross street                  | PITTWATER Rd.                                                           |        | Council     | WM PITWATER. |
| Use of building or part flat/shop etc | SHOP. 57                                                                |        |             |              |

|                                           |                                                                   |            |    |  |
|-------------------------------------------|-------------------------------------------------------------------|------------|----|--|
| Fire safety measures                      |                                                                   |            |    |  |
| Measure                                   | Standard of Performance                                           | Applicable |    |  |
| Automatic fire Detection and Alarm System | AS3786 Smoke Alarms                                               | Yes        | No |  |
|                                           | Primary supply from external power source and has stand-by supply | Yes        | No |  |
|                                           | EP&A Regulation 2000 Division 7A - Smoke Alarms / Accommodation   | Yes        | No |  |
|                                           | Building Code of Australia spec E2 2A - Commercial                | Yes        | No |  |
| Emergency Lighting                        | Building Code of Australia spec 3 7 2 2 - residential             | Yes        | No |  |
|                                           | AS2293 1 System Design - Installation and Operation               | Yes        | No |  |
|                                           | Building Code of Australia Clause E4 2 and E4 4                   | Yes        | No |  |
|                                           | AS/NZS 2293 2 System Inspection and Maintenance                   | Yes        | No |  |
| Exit Signs                                | AS2293 1 System Design - Installation and Operation               | Yes        | No |  |
|                                           | Building Code of Australia Clause E4 5 and E4 6                   | Yes        | No |  |
|                                           | AS/NZS 2293 2 - System Inspection and Maintenance                 | Yes        | No |  |
| Installation wiring                       | AS 3000 - Wiring Rules                                            | Yes        | No |  |
| Comments (optional)                       |                                                                   |            |    |  |

|                                           |                   |  |                     |  |
|-------------------------------------------|-------------------|--|---------------------|--|
| Contractor details                        |                   |  |                     |  |
| Company Name (Electrical Contractor)      |                   |  | Date                |  |
| MARK 1 ELECTRICAL SERVICES.               |                   |  | 1. 12. 10           |  |
| Business Name                             |                   |  | ABN                 |  |
| Address                                   |                   |  | License No          |  |
| P.O. BOX 361 SEAFORTH.                    |                   |  | EC 38480            |  |
| Code 2092                                 |                   |  |                     |  |
| E mail mark.i@iprims.com.au Fax 9949 791. |                   |  | Phone 0411 322 511. |  |
| Date of assessment                        | Contractor Signed |  |                     |  |
| 1. 12 10                                  | M/Mark Wazer,     |  |                     |  |

NOTE Where applicable the owner of the property must complete and sign Form 15 or 15A and forward a copy to the Council and Fire Commissioner and display a copy in the building along with the current fire safety schedule

This Inspection report should be retained by the owner

CERTIFICATE OF COMPLIANCE –  
ELECTRICAL WORK

Customer COPY

CERTIFICATE NO 1162560

CUSTOMER DETAILS

|              |                           |                     |  |
|--------------|---------------------------|---------------------|--|
| Name         | VODAFONE                  | Telephone Contact   |  |
| Site Address | SHOP 57 WARRIEWOOD PLAZA  | Meter No            |  |
|              | JACKSONS Rd. WARRIEWOOD - | NMI (if applicable) |  |
| Cross Street | PITTWATER Rd.             | Postcode            |  |

INSTALLATION WORK DETAILS Indicate the type of installation and types of work performed under this Notice

|                      |                                        |                                                |                                         |                                    |                                           |
|----------------------|----------------------------------------|------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------|
| Type of Installation | <input type="checkbox"/> Residential   | <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Industrial     | <input type="checkbox"/> Rural     | <input type="checkbox"/> Other            |
| Special Conditions   | <input type="checkbox"/> over 100 amps | <input type="checkbox"/> High Voltage          | <input type="checkbox"/> Hazardous Area | <input type="checkbox"/> Generator | <input type="checkbox"/> Unmetered Supply |

CERTIFICATE MUST BE ISSUED TO THE CUSTOMER FOR ALL ELECTRICAL WORK

Work of the following type must ALSO be notified to the ELECTRICITY DISTRIBUTOR (DNSP)

- |                                                                                            |                                                         |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> New Installation                                       | <input type="checkbox"/> Network connection or metering |
| <input type="checkbox"/> Additions or alterations to a switchboard or associated equipment | <input type="checkbox"/> Defect Rectification No        |

DETAILS OF EQUIPMENT Describe the equipment and estimate load increase of the work affected by this Notice  
If insufficient space attach separate sheets

| EQUIPMENT                                                       | RATING | No | PARTICULARS OF WORK                                                                                 |
|-----------------------------------------------------------------|--------|----|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Switchboards                           |        | 63 | NEW Refit of Existing Vodafone Shop.                                                                |
| <input type="checkbox"/> Circuits                               |        | 8  |                                                                                                     |
| <input type="checkbox"/> Lighting                               |        | 4  |                                                                                                     |
| <input type="checkbox"/> Socket-outlets                         |        | 26 |                                                                                                     |
| <input type="checkbox"/> Appliances                             |        |    |                                                                                                     |
| Estimated increase in load A/ph                                 |        | —  | <input checked="" type="checkbox"/> Increased load is within capacity of installation/service mains |
| <input checked="" type="checkbox"/> Work is connected to supply |        |    | <input type="checkbox"/> Work is not connected to supply pending inspection by DNSP                 |

The work has been carried out  
or supervised by

M CLARE-NATER

Licence No

A42489

TEST REPORT

Indicate the relevant tests and checks that have been performed on the work  
If test records are provided attach as separate sheets

|                                                                        |                                                                                                         |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Earthing system integrity $\Omega$ | <input checked="" type="checkbox"/> Residual current device operation                                   |
| <input checked="" type="checkbox"/> Insulation resistance $M\Omega$    | <input checked="" type="checkbox"/> Visual check that installation is suitable for connection to supply |
| <input checked="" type="checkbox"/> Polarity                           | <input type="checkbox"/> Stand-alone power system complies with AS 4509                                 |
| <input checked="" type="checkbox"/> Correct circuit connections        | <input type="checkbox"/> Fault loop impedance (if necessary)                                            |

I confirm that I have carried out the above tests and visually checked that the installation work described in this Certificate complies with AS/NZS 3000 and is suitable for its intended use

|           |               |                 |         |
|-----------|---------------|-----------------|---------|
| Name      | M CLARE-NATER | Licence No      | A42489  |
| Signature | M/Clare Nater | Date of Testing | 1 12 10 |

CERTIFICATION

I, the Electrical Contractor give notice to the Customer and (Name of DNSP or OFT), that the work described in this Certificate has been completed in accordance with the Electricity (Consumer Safety) Regulation 2006

|           |                            |                               |              |
|-----------|----------------------------|-------------------------------|--------------|
| Name      | MARK I ELECTRICAL SERVICES | Licence No                    | EC 38480     |
| Signature | M/Clare Nater              | Date of Notice                | 1.12.10      |
| Address   | P O BOX 361 Seaforth 2092  | Telephone No or Other Contact | 0411 322 511 |

ELECTRICITY DISTRIBUTOR (DNSP) REMARKS

|              |  |      |  |
|--------------|--|------|--|
| Inspected by |  | Date |  |
| Comments     |  |      |  |

