John J Briggs Associates P/L BPB 0049 - PO Box 807 Narrabeen NSW 2101 Phone (02) 9907 1018 johnjbriggs1@bigpond.com

Notice to council and PCA

of intention to commence work

NOTICE TO (insert council details and	address)	NOTICE TO (insert PC	A details and address)			
Name		Name				
Pittwater Council		John J Briggs				
Address		Address		——————————————————————————————————————		
PO Box 882		PO BOX 807				
Mona Vale NSW 1660		Narrabeen NSW	2101			
SECTION A. Development deta	ils					
Address						
21 Queens Pde						
Newport NSW 2106						
Description of the building work or subdivision work						
Addition to dwelling, new driveway and a secondary dwelling						
SECTION B. Development cons	sent (DC)	1				
Name of council	n . no		DC number/identifier			
Pittwater	14.7.14		N0338/13			
SECTION C. Construction certi	ficate (CC)					
Name of certifying authority	Date of CC		CC number/identifier			
	14.1.15	1824CC11				
John J Briggs			10240011			
SECTION D. Details of principa						
Principal contractor		ouilder - permit number				
Name Upstairs Design & Building	Addi	ence No: L1256210	?			
Opstairs Design & Building						
Phone	name	vant Kelmon Email	*			
0402 902 296						
0402 902 298						
SECTION E. Compliance with o	onditions (this statemen	nt must be completed by the PCA)				
I, John J Briggs, consent to being appointed	as PCA & confirm	that all conditions of the abo				
(Insert name of PCA)						
Signed by the PCA	Jeff J		Date 14.1	.15		
SECTION F. Notice of commen	cement					
The building/subdivision work described a		19.1.15				
commence on* (*Note: Not more than 2 business of	days from the date of the notice)	10.1.10				
SECTION G. Details of person g		Address		RECEIVED MONA		
Name (the person having the benefit of the developed Ms R Strong	ment consent)	21 Queens Pde				
M3 IX On Ong		Newport NSW	2106	15 JAN 20		
Phone	Fax	Email				
0400 856 572			ng@hartmann.in	CUSTOMER SEI		
	1 #	1527540				
Signature	A. Most		Date 14.1.1	15		
	M. Wind	`	14.1.			

PRVC Rec: 373/80 \$36

Home Warranty Insurance Certificate of Insurance



QBE Insurance (Australia) Ltd
Level 5, 2 Park Street
SYDNEY NSW 2000
Phone: 1300 790 723
Fax: 02 8275 9330
ABN: 78 003 191 035
AFS License No: 239545



Policy Number BN0003227BWI-20

SAVILL HICKS CORPORATION P/L P O BOX 523 MILSONS POINT NSW 1565 Account Number BN0004795 Date Issued 19/12/2014

Policy Schedule Details

Builder

ABN/ACN

Business Address

KELMAN CONSTRUCTIONS PTY LTD

22 067 710 141

7 BRINAWA STREET

21 QUEENS PARADE

MONA VALE 2103

Licence Registration Number

U 125621C

Type of Insurance

HOME WARRANTY INSURANCE

Construction Works

ALTERATIONS AND ADDITIONS STRUCTURAL

NEWPORT NSW 2106

State

At

NSW

Declared Construction Value	Contract Date	Estimated Construction Completion Date
\$720,000.00	19/11/2014	30/09/2015

Building Owner / Beneficiary

ROBYN STRONG

Limit of Indemnity, Period of Insurance, Expiry Date

As defined in the State statute pertaining to the risk as at the certificate issue date.

This notice will become a "Tax Invoice" when the amount payable is paid in full. Should changes be made, then the new schedule issued will become your Tax Invoice.

Total Premium and Charges

 Premium
 \$4,320.00

 Levies
 \$0.00

 GST
 \$432.00

 Stamp Duty
 \$427.68

Total Premium \$5,179.68

The amount of stamp duty paid is calculated under the relevant States/Territory Duties Act, based on where the risks, properties, contingencies or events are located.

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