Get Certified
BUILDING SERVICES PTY LTD

Address: PO Box 1232
Mona Vale NSW 1660
Tel: 0299791129
Fax:
Email: greg@getcertified.net.au
ABN: 30 123 3390 429

NOTICE OF COMMENCEMENT OF BUILDING WORK

Made under Part 4 of the Environmental Planning and Assessment Act 1979 Sections 81A(2)(b)(ii) &(b2)(i) & (ii) & (iii) & 86(1)(a)(ii) & (a2)(i) & (ii) & (iii) & (1)(b)

OWNER DETAILS

Name of person having benefit of the development consent: Sue & John Schuurman
Address: PO Box A1433 Sydney South NSW 1235
Contact Details: **Phone:** 9866 0695

RELEVANT CONSENTS

Consent Authority/Local Government Area: Pittwater Council
Development Consent No: 168/14, , **Date issued:** 11/08/2014
Construction Certificate Number: 150025 **Date issued:** 11/03/2015

PROPOSAL

Address of Development: 122 Central Road Avalon NSW 2107
Scope of building works covered by this Notice: Alterations & Additions to dwelling.

DECLARATION OF OWNER

As the person having the benefit of the development consent for the building works identified in this Notice, I/we hereby certify:

1. A) If the residential building work is to be carried out by the owner as an owner-builder fill in (1a) and 1b for your contact details. B) If the residentail works are covevered by Home Owners Warranty fill in 1b principal contractor C) For Commercial work only fill out 1b as the principal contractor.

1a. Owner-builder Permit No (Please attach a copy of the permit):

1b. Name of principal contractor for building work: UpALevel Constractions - Damien Howison
Contractor License No: 152847 82
Address: PO Box 861 Brookvale NSW
Contact Details: 0413 317 369

2. All development consent conditions that are required to be satisfied prior to the commencement of building work and as listed here below will be satisfied.
Relevant development consent conditions to be complied with:

3. That building work is intended to commence on or about the date specified below.
Date work is to commence (Allow 2 full days notice): 7th April 2015

4. That the principal contractor has been notified of any critical stage inspections or other inspections that are to be carried out in respect of the building work. ✓

SIGNATURE OF OWNER

Signature:

Name: John Schuurman

Date: 21st March 2015

IMPORTANT MESSAGE:

1. Return this original completed notice of commencement form to your Local Council first and to Get Certified Building Services Pty Ltd and allow two full days from the date of return, prior to your intended commencement date.
2. If the work is residential – please attach your Owner Builder Permit or Home Owners Warranty (builder)
3. Failure to request any critical stage inspection will prohibit the issue of an Occupation Certificate.

Home Warranty Insurance
Certificate of Insurance

Policy Number BN0013001BWI-15

NSW GOVERNMENT | Home Warranty Insurance Fund

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

QBE

MR & MRS SCHOURMAN
1A HANDLEY AVENUE
TURRAMURRA 2074

Name of Intermediary
EBM INSURANCE BROKERS
SUITE 4
651 VICTORIA STREET ABBOTSFORD VIC
3067

Account Number
BNEBM3101
Date Issued
10/12/2014

Policy Schedule Details

Certificate in Respect of Insurance

Residential Building Work by Contractors

A contract of insurance complying with sections 92 and 96 of the Home Building Act 1989 has been issued by QBE Insurance (Australia) Limited as agent for and on behalf of the NSW Self Insurance Corporation (SICorp) (ABN 97 369 689 650) who is responsible for management of the Home Warranty Insurance Fund.

In Respect of	ALTERATIONS AND ADDITIONS STRUCTURAL
At	LOT 122, CENTRAL ROAD AVALON BEACH NSW 2107
Carried Out By	BUILDER UPA LEVEL CONSTRUCTIONS PL ABN: 60 106 687 192
Declared Contract Price	$600,000.00
Contract Date	15/12/2014
Builders Registration No.	U 156363C
Building Owner / Beneficiary	MR & MRS SCHOURMAN

Subject to the Act and the Home Building Regulation 2004 and the conditions of the insurance contract, cover will be provided to the Building Owner/Beneficiary named in the domestic building contract and to the successors in title to the Building Owner/Beneficiary or the immediate successor in title to the contractor or developer who did the work and subsequent successors in title.

Signed for and on behalf of NSW Self Insurance Corporation (SICorp)

Jason Bourne
National Manager - Builders Warranty

IMPORTANT NOTICE:
In addition to this certificate of insurance, a policy wording which outlines the terms and conditions of the cover provided is available from the HWIF website. To access that policy wording visit www.homewarranty.nsw.gov.au

QM1824-1207

Home Warranty Insurance
Certificate of Insurance

Policy Number BN0013001BWI-15

Home Warranty Insurance Fund

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SYDNEY NSW 2000
Phone: 1300 790 723
Fax: 02 8275 9330
ABN: 78 003 191 035
AFS License No: 239545

Signed for and on behalf of NSW Self Insurance Corporation (SICorp)

Jason Bourne
National Manager - Builders Warranty

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QM1824-1207