THE CERTIFICATION GROUP
APPROVED CONSTRUCTION CERTIFICATE
DOCUMENTATION.

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NOTICE TO COMMENCE BUILDING WORK AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

Office Use Only
CC: 125/2010
Job: WHN 137-10

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 RIVERVIEW PROPERTY TRUST

First name GRAHAM Family name HELLIER

Flat/street no. 129 Street name RIVERVIEW ROAD

Suburb or town AVALON State NSW Postcode 2107

Tel/mobile Fax

E-mail graham.hellier@hellicap.com

2. Details of the land to be developed

Unit/ Suite/Street no. 129 Street name RIVERVIEW ROAD

Suburb or town AVALON Postcode 2107

Lot no 1 Council Area PITTWATER Deposit / SP Plan DP 18269

3. Description of the work proposed

Type of work proposed: [ ] New Building [✓] Additions / Alterations

Construction Cost of Works $ 719,000

Description of the work ALTERATIONS AND ADDITIONS including swimming pool, spa incinerator + secondary dwelling

4. Details of the relevant development consent granted

A .Details of the development consent: + MOD 0269/09/S96/2 MOD 14/12/09

Development application no. NO 269/09 Date the consent was granted 28/8/09

Complying development certificate no. Date the certificate was issued

B. Where a construction certificate has been issued for the building:

Construction certificate no. 125/2010 Date the certificate was issued 2/6/10

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 UNIT 3/6 WILMETTE PLACE MONA VALE 2103

Telephone No. 99448222 Accreditation Number 0449

Accreditation body NSW BPB

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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

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 PETER SCARFONE Licence No 39228 Phone 0411 449896

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 rise residential.

Name of Insurer CALLIDEN INSURANCE LIMITED

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 ~~3/6/10~~ 5/6/10

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 Wilson

Date 2/6/10

9. Applicant / Owner's Signature

The applicant / Owner to sign Authority ☑ Owner ☐ Applicant

Signature _____

Date 1/6/10

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

MBIS/047314-PermitAuthority

27/05/10

Art of Building Pty Ltd
10 Heather Street
CARINGBAH NSW 2229

Master Builders Queensland Insurance Services
A Division of Queensland Master Builders Association
Industrial Organisation of Employers
ABN 96 641 989 386 AFS Licence 246834
18 Central Park Avenue, Ashmore. Queensland 4214
Phone: 1300 13 13 24 FAX: 1300 13 13 28

Certificate of Insurance

RESIDENTIAL BUILDING WORK BY CONTRACTORS

A contract of insurance complying with sections 92 and 96 and 96A of the Home Building Act 1989 has been issued by ***Calliden Insurance Limited*** *(ABN 47 004 125 268) (AFSL 234438)*

In respect of:	Alterations and Additions
At:	129 Riverview Road AVALON NSW 2107
Carried out by:	Peter Scarfone T/As Art of Building
Licence Number:	39228
ABN:	29 118 153 343
For:	Riverview Property Trust
In the amount of:	$719,000.00

Subject to the Act and the Home Building Regulation 2004 and the conditions of the insurance contract, cover will be provided to:

- a beneficiary described in the contract and successors in title to the beneficiary,

OR

- the immediate successor in title to the contractor or developer who did the work and subsequent successors in title.

Authorisation: In Witness Whereof, the Insurer issuing this Certificate of Eligibility has caused this Certificate of Eligibility to be signed by Authorised Signatory of the Insurer's Agent.

Issued on the 27th day of May, 2010

Master Builders Queensland Insurance Services (ABN 96 641 989 386) (AFS Licence 246834)
For and on behalf of Calliden Insurance Limited (ABN 47 004 125 268) (AFS Licence 234438) as their authorised agent.

NOTICE: To download a copy of your insurance policy wording visit http://www.policywording.com.au.