Warringah Council

Principal Certifying Authority (PCA) Form

Notice of Commencement of Building or Subdivision Works and appointment of Principal Certifying Authority. Made under the Environmental Planning and Assessment Act 1979 (Sections 109E to 109Q)

Address the application to:

- ▣ The General Manager
  Warringah Council
  Civic Centre, 725 Pittwater Rd
  Dee Why NSW 2099

Or

- ▣ Customer Service Centre
  Warringah Council
  DX 9118 Dee Why

If you need help lodging your application:

- ▣ Phone our Customer Service Centre on (02) 9942 2111

Or

- ▣ Come in and talk to us

Office Use Only

PCA 20 11 / 0164

DA 20 09 / 1389

R/N 190 119984

June 09

PLEASE NOTE

This form can be used to notify Warringah Council that:

- ▣ You have appointed a Principal Certifying Authority (PCA)
- ▣ You intend to commence building or subdivision work
- ▣ Accredited persons can use any form provided it includes information required by the Environmental Planning and Assessment Act and Regulations.
- ▣ All sections must be completed (N/A if not applicable)

NOTE: Works cannot start until a form is received by Warringah Council.

Privacy and Personal Information Protection Notice

The information requested in this form is required by or under the Environmental Planning and Assessment Act 1979 if you are going to erect a building or carry out subdivision work. The information will only be used by Warringah Council in connection with the requirements of that Act and any other relevantly applicable legislation relating to the subject-matter of this form. The information is being collected for the following purposes, namely, to enable us to (1) process and determine your application; (2) contact you in relation to your application should that be necessary; and (3) keep the public informed by making the application publicly accessible. If you do not provide the information, Council will not be able to process your application, and your application will be rejected. If you do not provide the information to Council, you cannot begin the work.

Your application will be available to Councillors and Council Officers. Members of the public have certain rights of access to information and documents held by Council under the Freedom of Information Act 1989 (NSW), s.12 of the Local Government Act 1993 (NSW), and under the Privacy and Personal Information Protection Act 1998 (NSW) to the extent permitted by those Acts.

Warringah Council is to be regarded as the agency that holds the information, which will be stored on Council's records management system or in archives and may be displayed on DAs Online (except as regards to personal particulars). You have a right to access information within the meaning of the Privacy and Personal Information Protection Act 1998 (NSW) on application to Council, and to have that information updated or corrected as necessary. Please contact Warringah Council if the information you have provided is incorrect or changes or if access is otherwise sought to the information. In addition, a person may request that any material that is available (or is to be made available) for public inspection by or under the Local Government Act 1993 (NSW) be prepared or amended so as to omit or remove any matter that would disclose or discloses the person's place of living if the person considers that the disclosure would place or places the personal safety of the person or of members of the person's family at risk. Any such request must be made to Council's General Manager: see s.739 of the Local Government Act 1993 (NSW).

Part 1 Application and Site Details

1.1 Land to be developed

We need this to correctly identify the land.

Unit no. [ ] House no. [12] Street [GERTRUDE]

Suburb [BEACON HILL]

Lot no, DP etc. [LOT 20 DP 19643]

Area of site (m^2) [464.4 m^2.]

These details are shown on your rate notices, property deeds, etc

1.2 Work proposed

Please tick appropriate box.
Please provide a brief description of the work to be carried out.

Type Building [ ] Subdivision [ ]

[Demolition.]

Part 2 Development Details

2.1 Development approvals granted

Provide specific application/approval numbers relevant to the subject development.

Development application number [DA2009/1389]

Date consent was granted [21/10/09]

And

Construction certificate no. [ ]

Date certificate was issued [ ]

Or

Complying development certificate number. [ ]

Date certificate was issued [ ]

2.2 Appointment of PCA

Please tick the appropriate box

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 PCA [ ]

Where other than Council

Address of PCA [ ]

Phone (not mobile) of PCA [( )]

Mobile of PCA [ ]

Facsimile of PCA [( )]

Where the PCA is an accredited certifier

Accreditation body of the certifier [ ]

Accreditation no. of the certifier [ ]

Part 2 Development Details cont.

2.3 Residential building work

Please tick the appropriate box.

Please Note:
Where an owner/builder engages any sub-contractor for any work component exceeding $12,000 in cost, a contract of insurance pursuant to Part 6 of the Home Building Act 1989 must be in force for each component.

Are you going to build a house or other dwelling or alter or add to a dwelling?

Yes ☐ No ☐ (Go to Part 2.4 Commencement date)

Are you an owner-builder? (The work must be carried out by a licensed builder)

Yes ☐ No ☐

If yes – What is your owner-builder permit no? _____
(A certified copy must be attached)
(go to Part 2.4 Commencement date)

If no, what is the name of the builder? _____

What is his/her phone no? ( ) _____

What is his/her contractor licence no? _____

Have you attached evidence (a certificate of a contract of insurance pursuant to Part 6 of the Home Building Act) that the licensed builder is insured to carry out this type of work?

Yes ☐ No ☐

(If no, you must attach 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 $12,000).

2.4 Commencement date

Date the work will commence 15/3/2010

Minimum notice of two full working days (48 hours) is required under the Environmental Planning and Assessment Act, 1979. Note: This notice period is to begin from the next working day and is not to include the day on which the form is submitted to Warringah Council.

Part 3 Checklist

Checklist

Please tick the appropriate box.

Have you met all relevant conditions? Yes ☐ No ☐

Have you paid all relevant fees associated with your consent? Yes ☐ No ☐
This includes long service levy, inspections, S94 contributions and bonds (if applicable)

One of the following must be attached

Current copy of owner builder permit? Yes ☐ No ☐

Builders insurance for residential works> $12,000? Yes ☐ No ☐

Quote from builders for costs of works< $12,000? Yes ☐ No ☐

Employers Mutual NSW Limited
GPO Box 4143
Sydney NSW 2001
DX 10175
Sydney Stock Exchange
P: 02 8251 9000
P: 1800 469 931 (toll free)
F: 02 8251 9495 Claims
F: 02 8251 9496 Underwriting
www.employersmutual.com.au

Employers Mutual
Since 1910

CERTIFICATE OF CURRENCY

CONTROLLED DEMOLITION (NSW) PTY LTD
PO BOX 1045
QUEEN VICTORIA BUILDING NSW 1230

Dear Sir/Madam,

1. STATEMENT OF COVERAGE

The following policy of insurance covers the full amount of the employer's liability under the Workers Compensation Act 1987.

This Certificate is valid from 17/08/2010 **to** 17/08/2011

The information provided in this Certificate of Currency is correct at: 16/08/2010

2. EMPLOYERS INFORMATION

POLICY NUMBER WGB060873380122

LEGAL NAME CONTROLLED DEMOLITION (NSW) PTY LTD

TRADING NAME

ABN 61 121 122 978

ACN 121 122 978

WorkCover Industry Classification number (WIC)	Industry	Numbers of Workers+	Wages*
421010	DEMOLITION	10	$500,000.00

+ Number of workers includes contractors/deemed workers
* Total wages estimated for the current period

3. IMPORTANT INFORMATION

Principals relying on this certificate should ensure it is accompanied by a statement under *section 175B of the Workers Compensation Act 1987*. Principals should also check and satisfy themselves that the information is correct and ensure that the proper workers compensation insurance is in place ie. Compare the number of employees on site to the average number of employees estimated; ensure that the wages are reasonable to cover the labour component of the work being performed; and confirm that the description of the industry/industries noted is appropriate.

A Principal contractor may become liable for any outstanding premium of the sub-contractor if the principal has failed to obtain a statement or has accepted a statement where there was reason to believe it was false

Yours Faithfully,

.....

Underwriting Department
Employers Mutual

NSW WorkCover Scheme

WorkCover
NEW SOUTH WALES

DEMOLITION WORK and FRIABLE ASBESTOS WORK LICENCE

Issued under the *Occupational Health and Safety Regulation 2001* (NSW). This licence is not transferable

Licence: 204603

Licence period From: 16 October 2010 To: 16 October 2012

Licence holder name: Controlled Demolition (NSW) Pty Ltd

ABN: 51121122978

Address: 17 Clevecon Street Botany NSW 2019

The licence holder is authorised to do:

- Friable asbestos work.
- Bonded asbestos work.
- Demolition work.

Licence Conditions

A recognised supervisor must be on site at all times while licensed work is carried out.

A copy of the licence must be displayed at the work site while licensed work is carried out.

All licensed work is to be notified to WorkCover NSW at least 7 days prior to the work commencing.

The licence holder must notify WorkCover NSW in writing of any changes in licence or supervisor details within 7 days.

Making a difference

WC00207 0210
Reference: 3010110411

WC 00851 0510

MARSH

MARSH MERCER KROLL
MMC GUY CARPENTER OLIVER WYMAN

Certificate of Currency
General & Products Liability Insurance

To: Daniel Chen Fax No: (02) 9666 6157

Company: Controlled Demolition (NSW) Pty Ltd

This Certificate:

- Is issued as a matter of information only and confers no rights upon the holder.
- Does not amend, extend or alter the coverage afforded by the Policy(ies) listed.
- Is only a summary of the cover provided.
- Reference must be made to the current Policy wording for full details.
- Is current at the date of issue only.

This Certificate confirms that the under mentioned Policy is effective in accordance with the details shown:

Insured:	Controlled Demolition (NSW) Pty Ltd
Policy Number:	IS10510149/2008
Insured's Business:	Demolition, Salvage & Salvage Sales, Asbestos Removal and Office Occupiers
Period of Insurance:	From: 15th August 2010 at 4pm local standard time To: 15th August 2011 at 4pm local standard time
Limit of Indemnity:	Public Liability $20,000,000 any one Occurrence. Products Liability $20,000,000 any one Occurrence and in the aggregate during the Period of Insurance Asbestos Liability $20,000,000 any one Claim and in the aggregate during the Period of Insurance

Authorised Representative of
Certain Underwriters at Lloyds

13 August 2010
Date

Warringah Shire Council

WORK PLAN FOR:

Domestic premises the property of: **Mr.** T.N. M. Thomas.

- The Demolisher will notify WorkCover seven days before start of works.
- The Demolisher will supply & erect a suitable temporary fence to secure the demolition site, & provide identification & warning signs before works begin.
- The Demolisher will provide mobile toilet facilities for site workers.
- The Demolisher will provide a silt barrier to prevent sedimentation run-off, if required by Council for the duration of works.
- The Demolisher will arrange to disconnect utility services from site. (Owner to contact **AGL on 131 245** to have the gas meter removed.)
- A heavy excavator will be used to remove the dwelling & to load the trucks.
- The works will be conducted between the hours of 7.00am. and 5.00pm. from Monday to Friday inclusive and will take 3-5 working days.

ENVIRONMENTAL IMPACT STATEMENT

- Dust will be minimised by spraying with water during demolition.
- Noise levels shall comply with **AS 2436**
- Loads will be covered before leaving the site.
- Adjacent properties & public rights of way shall be protected.
- Asbestos Fibro is removed manually by wet method, as required under WorkCover and Safety Regulations to Australian Standard 2601-2001, wrapped with plastic and placed in a dedicated bin. The bin is securely sealed and tipped at a suitably approved site.
- The roof will be removed manually.

Remainder of property demolished by machine & the site left clean and ready for the builder.

- Access & Egress to adjoining properties will be unaffected.

The Environmental Effects will be minimal and short term.

[redacted]

8th March 2011

Te Whare Moana

[redacted]
Seaforth
NSW 2092

To Whom It May Concern

I Te Whare Moana here by authorise Thomas Madden to lodge the demolition application for 12 Gertrude St Beacon Hill. He is duly authorised to access and lodge any and all documents pertaining to the said demolition application.

Yours Sincerely

Te Whare Moana

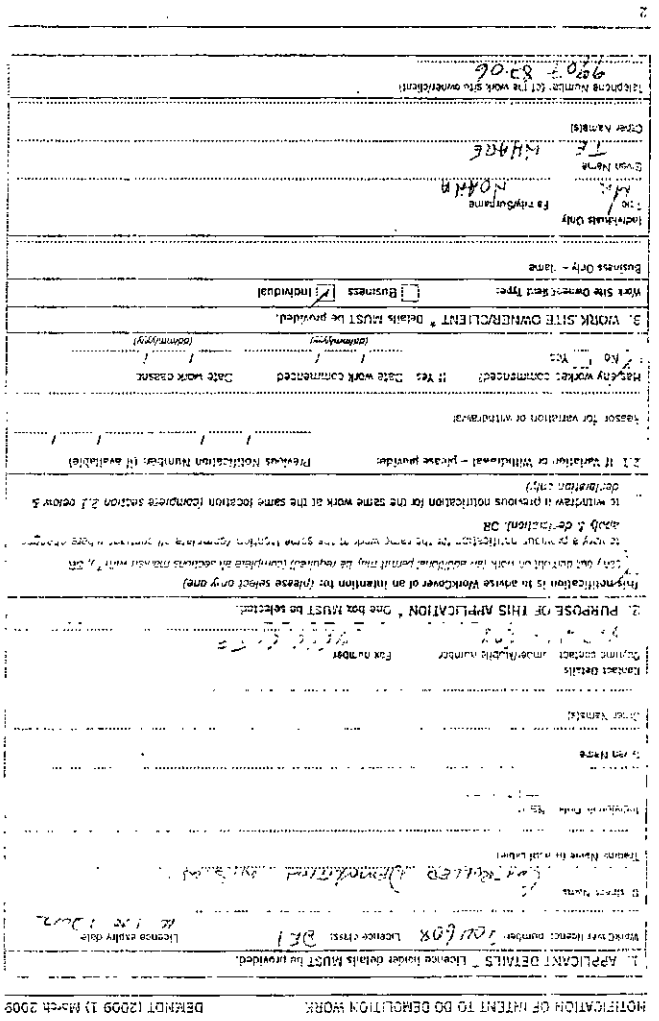
* * * Communication Result Report (8.Mar. 2011 9:53) * * *

Fax Header) CONTROLLED DEMOLITION NSW PL

Date/Time: 8.Mar. 2011 9:52

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
7448	Memory TX	92617466	P. 5	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size



1. APPLICANT DETAILS * Licence holder details MUST be provided.

WorkCover licence number: 104608 Licence class: DE 1 Licence expiry date: 30 / 10 / 2012

Business Name: [illegible]

Trading Name (if applicable):

Individuals Only
Title: Name: Family/Surname:

Given Name:

Other Name(s):

Contact Details
Daytime contact number/Mobile number: 0403 234 504 Fax number: 9666 6157

2. PURPOSE OF THIS APPLICATION * One box MUST be selected.

This notification is to advise WorkCover of an intention to: *(please select only one)*

- [x] carry out demolition work *(an additional permit may be required) (complete all sections marked with *)*, **OR**
- [ ] to vary a previous notification for the same work at the same location *(complete all sections where changes apply & declaration)*, **OR**
- [ ] to withdraw a previous notification for the same work at the same location *(complete section 2.1 below & declaration only)*

2.1 If Variation or Withdrawal – please provide: Previous Notification Number: (if available) ... / ... / ... / ... / ...

Reason for variation or withdrawal:

Has any worked commenced? [x] No [ ] Yes If Yes Date work commenced ... / ... / ... (dd/mm/yyyy) Date work ceased ... / ... / ... (dd/mm/yyyy)

3. WORK SITE OWNER/CLIENT * Details MUST be provided.

Work Site Owner/Client Type: [ ] Business [x] Individual

Business Only – Name:

Individuals Only
Title: MR Family/Surname: NOANA

Given Name: TE WHARE

Other Name(s):

Telephone Number (of the work site owner/client): 9907 8706

Name and contact details of person representing owner/client if different to above:

Title: MR Family/Surname: MADDEN

Given Name: [illegible]

Other Name(s): PATRICK

Telephone Number: 0422 361 682

4. SITE DETAILS All fields marked with * MUST be completed

Site Name:

Site Address - do not provide post office box number

Street Number: 12

*Street Name: GERTRUDE

*Suburb: BEACON HILL *State: N.SW *Postcode:

Site telephone no *(if available)*: N/A

*Nature of the work to be done/supervised: DEMOLITION OF DWELLING

*Operating hours of site: 7AM - 4PM

*Proposed start and finish dates of work: 14 / 3 / 2011 *Start (dd/mm/yyyy)* 17 / 3 / 2011 *Finish (dd/mm/yyyy)*

*This is a coal workplace or mining workplace ☐ Yes ☑ No

5. DEMOLITION SUPERVISOR * Must provide details of at least one

* 1st Supervisor

Title: MR Family/Surname: MADDEN

Given Name: THOMAS

Other Name(s): PATRICK

Date of Birth *(dd/mm/yyyy)*: 12 / 3 / 1958

Telephone Number – 24 hour contact: 0422 361 682

WorkCover Supervisor's validation number *(if known)*:

2nd Supervisor

Title Family/Surname

Given Name

Other Name(s)

Date of Birth *(dd/mm/yyyy)* Telephone Number – 24 hour contact

...../...../..... .....

WorkCover Supervisor's validation number *(if known)* .....

3rd Supervisor

Title Family/Surname

Given Name

Other Name(s)

Date of Birth *(dd/mm/yyyy)* Telephone Number – 24 hour contact

...../...../..... .....

WorkCover Supervisor's validation number *(if known)* .....

6. TYPE OF WORK – DEMOLITION * MUST provide details

*6.1 Indicate type of demolition work *(select at least one)*

MANUAL ☐ On any structure between 10 & 15 metres in height

MECHANICAL ☑ On any structure over 4 metres in height

Note: For structures to be demolished by ropes and chains or by explosives, form DEMPER (Permit Application for Certain Demolition Work) **MUST** be used.

6.2 Does the demolition comprise any of the following: *(select all that apply)*
(MUST have DE-1 – Unrestricted licence)

☐ Above 15 metres in height

☐ Involving floor propping

☐ Chemical Installation

☐ Using a tower crane on site

☐ Using a mobile crane excluding pushing or pulling with a rated capacity of more than 100 tonnes

☐ Pre-tensioned or post-tensioned structures

*6.3 List personal protective equipment; eg disposal overalls, type of masks etc *(select box(es) as applicable)*

☑ Protective clothing ☐ Full face air supplied ☑ Protective gloves

☑ Appropriate safety footwear ☑ 1/2 face respirator ☐ Other

If other please give details.

.....

*6.4 Does the work being notified involve individuals working at heights? ☐ Yes ☑ No

*6.5 Has a review of the Risk Assessment been undertaken? [✓] Yes [ ] No

If yes, please provide:

Name of individual/Organisation who conducted the review:
Thomas Marsden

Street Address
Henrietta St

Suburb Picton State NSW Postcode 2571

Telephone Number 0422 361 682 Email (if applicable) Tom@ContinuousWebinc.com.au

7. SAFE WORK METHODS All fields marked with * MUST be completed

*7.1 How many square metres of bonded asbestos are to be removed, repaired or disturbed – approximately 150 m²

*7.2 List personal protective equipment used eg disposable overalls, type of masks etc: *(select box(es) as applicable)*

- [✓] Protective clothing
- [ ] Full face air supplied
- [✓] Protective gloves
- [✓] Appropriate safety footwear
- [✓] 1/2 face respirator
- [ ] Other

If other please give details.

***7.3 Disposal of waste:** *Please provide details*

Storage on site (Location) Waste Bin (Plastic Lined)

Removal from site: On Completion of Removal.

Waste disposal site:

Department of Environment and Climate Change (DECC) licence number for transport of asbestos waste (if applicable)

Waste Disposal Site Name SITA

Waste Disposal Site Location Kemps Creek.

8. DECLARATION BY APPLICANT * Entire section MUST be completed

I declare and/or understand that:

- The information contained in this application is true and correct in every particular.
- Relevant enquiries will be made in relation to this application.
- All employees have been trained in safe work methods appropriate to asbestos/demolition removal work.
- It is an offence under the *NSW Occupational Health and Safety Regulation 2001* for a person to make a statement that the person knows to be false and misleading.
- I am authorised to lodge this notification/application and make this declaration on behalf of the licence holder.
- Licence holders with employees must have current Workers Compensation Insurance when undertaking licensed work.

Please print name of person making this declaration
Thomas Madden

Position Title *(if applicable)*
Supervisor

Signature of person making this declaration

Date *(dd/mm/yyyy)*
12/03/2012

Telephone Number Daytime Contact *(of the person making this declaration)*
0422 361 682

WorkCover requires the licence holder to have a current public liability insurance policy at the time of undertaking work.

WORKCOVER OFFICE USE ONLY

Recommended for issue ☐ Yes ☐ No Date ...../...../..... (dd/mm/yyyy)

Name *(print)*

Position Title

Signature

Comments

Approved ☐ Yes ☐ No Date ...../...../..... (dd/mm/yyyy)

Name *(print)*

Position Title

Signature

Comments