

## Environmental Planning and Assessment Act 1979

## Application to replace the principal certifying authority

The person having the benefit of a development consent\* may apply to the Building Professionals Board for approval to appoint a person to replace the principal certifying authority (PCA) for the development.

The Board must be satisfied it is appropriate in the circumstances for the PCA to be replaced. The proposed replacement PCA cannot be appointed before the Board gives its approval in writing, and the council and the consent authority have been notified.

You need to submit all the information required by the form, including the application fee, so that the Board can consider the application. You will be notified in writing of the decision of the Board.

NB: If the current PCA, the replacement PCA and the person who appointed the current PCA agree to the replacement, you do not have to obtain the Board's approval to replace the PCA. You may instead complete and lodge a Notice of replacement of the principal certifying authority form and lodge it with the Board, the council and the consent authority before the replacement occurs.

* other than the builder,	, if the builder is not the land owner.	The second secon
1. APPLICA	ANT'S DETAILS	
Name	<u></u>	
Title	Mc Given names	ROBERT
Surname	GILMA	$\mathcal{N}$
Business address	s/details	
Business name		
Unit/Street no.	Street	
Suburb		State Postcode
Postal address	975	
Unit/Street no.	Street £	PARKEN JOEY RY
Suburb	PALMBEACH	State / NSW Postcode 2
Address for corre	espondence (select one)	20/
Residential	Business	□ PO Box □
Contact details		
Res. tel. ( )		Bus. tel. ( )
Mobile C	1419208735	Fax ( )
Email	ROBERT GI	LMAN @ HOTMATH. COM

2 DETAILS OF THE DEVELOPMENT
Development address
Unit/Street no. 975 Street BARRENJOEY M
Suburb PALM BEACH State NSW Postcode 20 H
Council area:  PITTWATER
Briefly describe the development: ALTERATIONS AND ADDITIONS
Development consent:
Development consent/complying development certificate (CDC) no.
Date of issue: 5 / 8 / 05 Partition (0)
Development consent:  Development consent/complying development certificate (CDC) no.  Date of issue: 5 / 8 / 05  Who issued the consent or CDC?  Construction certificate:
Construction certificate:
Construction certificate no.
Date of issue: 28 / 1/ 105 PTITUATER CANNETL
Who issued the construction certificate?
3. DETAILS OF THE PERSON WHO APPOINTED THE CURRENT PCA
If this person is the same as the person giving this notice, you do not need to complete this section
or section 4.
Name
Title M2 Given names ROBELT
Surname GILMAN
Business address/details
Business name
Unit/Street no. Street
Suburb State Postcode Postcode
Postal address
Unit/Street no. 96 Street WOLSELEY Rd
Suburb POINT PIPEL State NSW Postcode 2027
Address for correspondence (select one)
Residential Business PO Box
Contact details
Res. tel. ( ) Bus. tel. ( )
Mobile 0419208/35 Fax ()
Email ROBERT GILMAN @ HOTMATL. COM

4. SIGNATURE OF THE PERSON WI	in the contract of the contrac	A CONTRACTOR OF THE PROPERTY O	
Signature	Name	ROBELT	GILMAN
Date 15/6/15			
5. DETAILS OF THE CURRENT PCA			
Please identify who was appointed as the PCA subject of the development consent/complying of			
Name (where the PCA is an accredited certifier)	•		0
Title Given names	PII	TWATER	COUNCIL
Surname			
Business address/details			
Business name			
Unit/Street no. Street			
Suburb		State	Postcode
Contact details		•	
Res. tel. ( )	Bus. tel.	( )	
Mobile 1 to	Fax	( )	
Email of action		_	
Accreditation number (where relevant)  Please attach a copy of the Notice of Appointm  6. SIGNATURE OF THE CURRENT P		CA.	
Signature	Name _	<del></del>	
Accreditation no. (where relevant)			
Name of authorised officer (where relevant)			<u> </u>
Date / /			
NB: Where the replacement PCA is to be the council, an au	thorised office	r of the council mus	st sign the application.
7. DETAILS OF THE REPLACEMENT	PCA		
Please identify the accredited certifier/council to development the subject of the development coabove:			
Name (where the replacement PCA is to be an	accredited o	certifier)	
Title An Given names	DET	CR	
Surname Bayus			
,			

Accreditation number (where relevant)  B. SIGNATURE OF THE REPLACEMENT PCA  It consent to being appointed as the replacement PCA for the above development.  Signature  Name  Name  Name  Name  North	Business add	dress/details				
Unit/Street no. 2/44   Street   Ranson Street   Suburb   Reserved   Reserved	Business nam	ie //	TW J A	CONKE		
Suburb  Contact details  Res. tel. ( )  Bus. tel. ( )  Bus. tel. ( )  Robile  Contact details  Res. tel. ( )  Bus. tel. ( )  Bus. tel. ( )  Robile  Contact details  Res. tel. ( )  Bus. tel. ( )  Robile  Contact details  Res. tel. ( )  Bus. tel. ( )  Robile  Contact details  Res. tel. ( )  Bus. tel. ( )  Res. tel. ( )  R	Unit/Street no		and the all high collings for the country		~~~ .	STERT
Res. tel. ( ) Bus. tel. ( ) 9768 2555  Mobile 041- 978 500 Fax 01 9765 2655  Email 1076 6925 C Sequescrip, Com. Av  Accreditation number (where relevant) 373 3043  8. SIGNATURE OF THE REPLACEMENT PCA  I consent to being appointed as the replacement PCA for the above development.  Signature Name 10776 Sequescrip Signature Signature Sequescrip Signature Name 10776 Sequescrip Signature Name 10786 Sext Graph Se	Suburb	Pown	NNI HILLS		and a series of the series.	
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Mobile 341 98500 Fax (e) 9865265  Email MITCAL 8925 C Seyescorp, Com. Av  Accreditation number (where relevant) MB 2043  8. SIGNATURE OF THE REPLACEMENT PCA  I consent to being appointed as the replacement PCA for the above development.  Signature Name Notal Royal  Accreditation no. (where relevant) Mame Notal Royal  Accreditation no. (where relevant) Notal Royal  Name of authorised officer (where relevant)*  Date 15 6 1 15  NB: Where the replacement PCA is to be the council, an authorised officer of the council must sign the application  9. REASONS FOR THE APPPLICATION  Please give your reasons for applying to replace the current PCA. Your reasons must be based on act, refer to any negligence, incompetence and/or breach of the code of conduct for accredited retriefies by the current PCA, and indicate the events, times, dates, locations and nature of any alleged behaviour.  Reasons: DISSATISFIES WITH SEWICE LOW  You may attach supporting documents - please list below those attached:  O. SIGNATURE OF THE APPLICANT  Ignature Name ROBELT GILM AW	Res. tel. (	)		Bus. tel.	(04)	97682855
Accreditation number (where relevant)  SIB 2043  8. SIGNATURE OF THE REPLACEMENT PCA  I consent to being appointed as the replacement PCA for the above development.  Signature  Name  SIGNATURE OF THE REPLACEMENT PCA  I consent to being appointed as the replacement PCA for the above development.  Signature  Name  SIGNATURE OF THE REPLACEMENT PCA  Accreditation no. (where relevant)  SIGNATURE OF THE APPLICATION  Please give your reasons for applying to replace the current PCA. Your reasons must be based on lact, refer to any negligence, incompetence and/or breach of the code of conduct for accredited certifiers by the current PCA, and indicate the events, times, dates, locations and nature of any alleged behaviour.  Reasons:  DISSATISTICD  WITH SEWECT  COUNTY  FOR SEUT GIVEN WWW.  Ignature  Name  ROBEUT GIVEN WW.	Mobile	041~ 92	8500	Fax		
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I consent to being appointed as the replacement PCA for the above development.  Signature  Name	harangan and a second a second as		,			
Signature  Name  N	8. SIGN	ATURE OF TH	E REPLACEN	MENT PCA		
Name of authorised officer (where relevant)*  Date    STORY 3	I consent to be	ing appointed as	the replaceme	nt PCA for th	e above o	development.
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