

## Principal Certifying Authority (PCA) Form Notice of commencement building or subdivision works & appointment of

Principal Certifying Authority

## Address the application to:

- The General Manager Warringah Council DX 9118 Dee Why
- Customer Service Centre Warringah Council Civic Centre, 725 Pittwater Road Dee Why NSW 2099

## If you need help lodging your application:

- Phone our Customer Service Centre on (02) 9942 2111 or;
- Come in and talk to us

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This form can be used to notify Warringah Council that:

- you have appointed a Principal Certifying Authority (PCA); and
- you intend to commence building or subdivision work.
- accredited persons can use any form provided it includes information required by the EPA Act and regulations.
- all sections must be completed (N/A if not applicable)

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

- 2 SET 2008

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PART 1	Appli	cation and	l site d	letails
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	KI I Application	and site details	
1.	Applicant	Mr Mrs Ms	Other
	It is important that we are able to contact you if we need more information.	Full Family name (no initials) (or Company)	SARU
	Please give us as much detail as possible.	Full Given names (no initials) (or A.C.N)	WERST1
	Please note the owner or the person having the benefit of the Development	7 03 (41 444 635	MANY JACE Post Code 2003
	Consent is to complete this form.	Phone (02) 9948 1950	Alternate (02) 9986 2540
Your Builder cannot complete this foryou as per recent changes to the		Mobile	Facsimile (02) 9986 2541
	Act 109E.	Contact Person  Person who may be contact	s ACU ted to discuss the application during business hours
2.	Land to be developed	Unit No. House No.	9 Street BANYCENA PLACE
	We need this to correctly identify the land.	Suburb	256
		Lot No, DP/MPS etc vol/fol area of site (m²)  These details a	Squq Lox: 18 708 m² re shown on your rate notices, property deeds, etc
3.	Work proposed	Type Building 🗸	Subdivision
	Please tick appropriate box. Please provide a brief description of the work to be carried out.	DEMOLITICAL OF E	MISK, 26 DUKLLAGE

	Development approvals granted	Development Application No.	2008 - WAR 0861
	Provide specific application/approval numbers relevant to the subject development.	Date consent was granted	8.8.08
		<b>And</b> Construction Certificate No.	
		Date certificate was issued	
	¥	<b>Or</b> Complying Development Certificate No.	
		Date certificate was issued	
Appointment of PCA     Please tick the appropriate box		I have met all the condit development certificate	ions in the development consent or the complying required to be satisfied before I can begin work.
		I have appointed a Princ	ipal Certifying Authority.
		Name of PCA	UARRIGHM COLLIN
		Where other than Co	ouncil:
		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	e certifier
		Accreditation no. of the	certifier
3.	Residential building work	Are you going to build a	house or other dwelling or alter or add to a dwelling?
		Yes No	(Go directly to Part 2 4d Commencement date)
			-2 /TI
	Please Note:	Are you an owner/builde	er? (The work must be carried out by a licensed builder)
	Where an owner/builder engages any sub-contractor for any work	Yes No	r? (The work must be carried out by a licensed builder)
	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 must be in force for		ner/builder permit no?
	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	Yes No If yes – What is your own	ner/builder permit no? e attached) Commencement date)
	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 must be in force for	Yes No If yes – What is your own (A certified copy must be (go directly to Part 2 4d o	ner/builder permit no? e attached) Commencement date) of the builder?
	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 must be in force for	Yes No  If yes – What is your own (A certified copy must be (go directly to Part 2 4d of  If no – what is the name	ner/builder permit no? e attached) Commencement date) of the builder?
	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 must be in force for	Yes No If yes – What is your own (A certified copy must be (go directly to Part 2 4d of If no – what is the name What is his/her phone no What is his/her contractor	ner/builder permit no? e attached) Commencement date) of the builder?
	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 must be in force for	Yes No If yes – What is your own (A certified copy must be (go directly to Part 2 4d of If no – what is the name What is his/her phone no What is his/her contractor Have you attached evider 6 of the Home Building A	ner/builder permit no? e attached) Commencement date) of the builder? o? ( ) or licence no?

PARI 2 Developn	nent Details (con't)				
D. Commencement date	Date the work will commence: 9 9 9				
Please tick the appropriate box.	Minimum notice of two full working days (48 hours) is required the Environmental Planning and Assessment Act, 1979. Note begin from the next working day and is not to include the day submitted to Warringah Council.	: This notice p	eriod is to		
PART 3 Checklist					
1. Checklist	Have you met all relevant conditions?	Yes	No 🗌		
Please tick the appropriate box.	Have you paid all relevant fees associated for your consent? This includes long service levy, inspections, S94 contributions and bonds (if applicable)	Yes	No		
	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 _		
PART 4 Declaration	ons		1		
Principal certifying authority declaration	I acknowledge that, in this case of residential building work, that I have seen evidence that a contract of insurance is in place pursuant to Part 6 of the Home Building Act 1989 and I have seen evidence that the builder is licensed or that I have seen evidence that the building works are to be undertaken by a person with an owner/builder permit.				
	I acknowledge that I have been appointed by the applicant to the PCA for this development.	carry out the	role of		
I acknowledge that all conditions of the development consent that a to be satisfied prior to the work beginning, have been satisfied, inclured relevant fees, charges and contributions have been paid.		t that are requed, including th	iired nat all		
	Name (please print)				
	Applicant Signature	Date/_			
2. Owner's Signature	If the applicant is a company or strata title body corporate, the signed by a director or authorised delegate, under common so Name (if you are not the owner, please print)  If you are not the owner, in what capacity are you signing, and documentation, from the owner, substantiating that you are	eal. nd attach			
	Owner's Signature	Date_\_/	9/08		
PART 5 Policy					
1. Privacy policy	The information that you provide in this notice is required under the Planning and Assessment Act 1979 if you are going to erect a built subdivision work.				
	If you do not provide the information to Warringah Council, you o	annot begin the	e work.		
	The information in this form will be held by Warringah Council. P Council if the information you have provided is incorrect or change	lease contact W es in the future.	/arringah . 3 of 4		

Office Use Onl	y - Part A*	
Receipt No:		Cashier Type 6190:
Property No:		Picked Up:
C R No:		Receiving Officer:
Notes Number:		Posted:
Permit No:		Inspection by:
Date:	Rang:	Spoke to: Time: pm/am
Level No:		Total Amount Payable: \$
*	Part A is a universal se	ction, please use applicable boxes only
Credit Card De	etails - Council Pay	yment Fax No: 9942 2606
Please charge my:	American Express	Master Card Visa
Card Number:		Expiry Date /
Card Holders Name		Amount \$
Signature		Phone ( ) daytime
Please	note that all Credit Ca	ard payments are subject to a 1% service fee.