

16 NOV 2011

General Manager
Manly Council
PO Box 82
MANLY NSW 1655

Dear Sir/ Madam

Development Consent No. 426/06
Construction Certificate No. 2010/3764

MANLY COUNCIL	
REGISTERED BY RECORDS	
17 NOV 2011	
RESPONSIBLE OFFICER	_____
DOCUMENT NUMBER	_____

For Council's information, please find enclosed the following:

1. Interim Occupation Certificate No. 2010/3764
2. A cheque for \$30.00 being Council's administration fee to accept the above. **Please send receipt to Insight Building Certifiers, PO Box 326, Mona Vale 1660.**

Yours faithfully



Stephen Pinn
Insight Building Certifiers Pty Ltd

\$36.00
R/W 821271
P/B 17/11/2011

Interim Occupation Certificate

issued under the
Environmental Planning and Assessment Act 1979
Section 109C (1)(c)(i) and 109H
Environmental Planning and Assessment Regulation 2000
Clause 151 & 155

Certificate No. 2010/3764

**Applicant
Address**

Adam & Michele Hill
8 Cliff Street, Manly NSW 2095

**Owner
Address**

Adam & Michele Hill
8 Cliff Street, Manly NSW 2095

Development Consent No.

426/06

**Date Of Determination of
Development Consent**

29 January 2007
(Deferred Commencement 22 February 2007)

Construction Certificate No.

2010/3764

**Date of Issue of
Construction Certificate**

4 May 2010

Location of Development Site

8 Cliff Street, Manly NSW 2095
Lot No. D DP No. 438914

Building Details

Alterations & Additions to an Existing Dwelling ONLY

Determination:

- * This certificate has been issued as APPROVED.
- * This certificate is issued subject to the following conditions:

Complete:

- Construction of Swimming pool approved under Manly Council Development Consent NO.426/06

Date of Determination:

16 NOV 2011

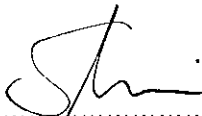
COPY

Interim Occupation Certificate

I approve the issuing of
this Interim Occupation
Certificate and certify that:

- have been appointed as the Principal Certifying Authority under Section 109E.
- I have taken into consideration the health and safety of the occupants of the building.
- A Development Consent is in force with respect to the building.
- A Construction Certificate has been issued with respect to the plans and specifications for the building.
- The building is suitable for occupation or use in accordance with its classification under the Building code of Australia.
- Where required, a final Fire Safety Certificate has been issued for the building.
- When required, a report from the Commissioner of Fire Brigades has been considered.
- Refer to the attached Schedule of critical stage inspections & various building inspection reports & certifications.

Signed



Certifying Authority

Name of Accredited Certifier
Accreditation No.
Accreditation Authority
Contact No.
Address

Stephen Pinn
BPB0326
Building Professionals Board
(02) 9999 0003
13/90 Mona Vale Road, Mona Vale NSW 2103

Schedule of critical stage inspections carried out or missed by the Principal Certifying Authority (Clause 151, 162A, 162B & 162C of the Environmental Planning & Assessment Regulations 1994)

Critical Stage Inspections	Inspected or Missed	Date Inspected
Prior to issue of a Construction Certificate	Inspected	1/05/2010
Excavation for footings		
Prior to pouring of any in-situ reinforced concrete	Inspected	3/06/2010
Prior to the covering of any framework	Inspected	1/07/2010 & 27/07/2010
Prior to covering waterproofing in any wet area	Inspected	21/05/2010
Stormwater drainage connections	Inspected	30/09/2010
Other required inspections		
Interim Inspection	Inspected	30/09/2010

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area : MANLY. Date of Inspection 1/5/2010

Address 8 Cliff St, MANLY.

DA No. CC No. 2010/3764 CDC No.

Requested by: Ph No.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input type="checkbox"/> Footings and Excavation | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> PCA Signage | <input type="checkbox"/> Steel Placement | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input type="checkbox"/> Wall Framing | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input type="checkbox"/> Roof Framing | <input type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) | | |

☒ An inspection of pre CC issue has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

☐ Complete the work detailed hereunder.

☐ Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$..... will be charged, which is payable **PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.**

No work commenced with respect to
(stage 2) work. & the subject of
this CC.

Signed: [Signature] Accreditation No. BB326 Date: 1/5/2010
 Accredited Building Surveyor

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area : MANLY Date of Inspection 30/9/2010
 Address 8 Cliff St. MANLY
 DA No. CC No. 2010/3764 CDC No.
 Requested by: Ph No.

Critical Stage Inspections

- | | | |
|--|--|--|
| <input type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input type="checkbox"/> Footings and Excavation | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> PCA Signage | <input type="checkbox"/> Steel Placement | <input checked="" type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input type="checkbox"/> Wall Framing | <input checked="" type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input type="checkbox"/> Roof Framing | <input type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) | | |

☒ An inspection of Slab (+ final) has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

☐ ~~Complete the work detailed hereunder.~~

☐ ~~Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$_____ will be charged, which is payable PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.~~

Signed: [Signature]
 Accredited Building Surveyor

Accreditation No. 1580326

Date: 30/9/2010

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area : Manly Date of Inspection 3/6/10
 Address 8 Cliff Street Manly
 DA No. 2010/3364 CC No. 2010/3364 CDC No. 2010/3364
 Requested by: Neil Ph No. 0415 923 413

Critical Stage Inspections

- | | | |
|--|---|---|
| <input type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input type="checkbox"/> Footings and Excavation | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> PCA Signage | <input checked="" type="checkbox"/> Steel Placement | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input type="checkbox"/> Wall Framing | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input type="checkbox"/> Roof Framing | <input checked="" type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) _____ | | |

☒ An inspection of ground floor slab has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

☐ Complete the work detailed hereunder.

☐ Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$ _____ will be charged, which is payable **PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.**

Steel not placed.
Builder to provide engineer certificate. provided ✓

Signed: A Bailey
 Accredited Building Surveyor

Accreditation No. APC00015

Date: 3/6/10

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area: Manly Date of Inspection: 27/7/10

Address: 8 Cliff Street Manly

DA No. CC No. 2010/3764 CDC No.

Requested by: Neil Ph No. 0015 923 413

Critical Stage Inspections

- | | | |
|--|--|---|
| <input type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input type="checkbox"/> Footings and Excavation | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> PCA Signage | <input type="checkbox"/> Steel Placement | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input checked="" type="checkbox"/> Wall Framing | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input checked="" type="checkbox"/> Roof Framing | <input checked="" type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) | | |

☒ An inspection of wall & roof framing to 1st floor level has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

☐ Complete the work detailed hereunder.

☐ Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$..... will be charged, which is payable **PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.**

Framing satisfactory

FRL 60/60/60 is achieved provided to separating wall

Signed: A. Bailey Accreditation No. BAB0015 Date: 27/7/10
Accredited Building Surveyor

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area: Marilyn Date of Inspection: 1/7/10

Address: 8 Cliff Street Marilyn

DA No. CC No. 2010/3764 CDC No.

Requested by: Neil Ph No. 04115 923 413

Critical Stage Inspections

- | | | |
|--|--|---|
| <input type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input type="checkbox"/> Footings and Excavation | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> PCA Signage | <input type="checkbox"/> Steel Placement | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input checked="" type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input checked="" type="checkbox"/> Wall Framing | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input checked="" type="checkbox"/> Roof Framing | <input checked="" type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) | | |

☒ An inspection of 1st floor joint and roof framing has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

☐ Complete the work detailed hereunder.

☐ Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$_____ will be charged, which is payable PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.

1st floor joint & roof framing to lounge room area.
not satisfactory

Signed: [Signature] Accreditation No. BPB00015 Date: 1/7/10
Accredited Building Surveyor

BUILDING INSPECTION REPORT

Land to which this Building Inspection Report result sheet applies:

Council Area : Manly Date of Inspection 21/5/10

Address 8 Cliff Street Manly

DA No. 16 CC No. 2010/3764 CDC No.

Requested by: Neil Ph No. 0415 923 413

Critical Stage Inspections

- | | | |
|--|---|---|
| <input type="checkbox"/> Site Assessment - Pre CC/ CDC Issue | <input checked="" type="checkbox"/> Footings and Excavation | <input checked="" type="checkbox"/> Waterproofing |
| <input checked="" type="checkbox"/> PCA Signage | <input type="checkbox"/> Steel Placement | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Sediment Controls | <input type="checkbox"/> Floor Framing / Slab | <input type="checkbox"/> Pool Fence |
| <input type="checkbox"/> Tree Protection Measures | <input type="checkbox"/> Wall Framing | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Building Commencement | <input type="checkbox"/> Roof Framing | <input checked="" type="checkbox"/> Photographic record |
| <input type="checkbox"/> Other (specify) <u></u> | | |

- ☒ An inspection of waterproofing to bathroom ground floor has been carried out and has been found to be in compliance with the plans and specifications as approved in that Construction Certificate/Complying Development Certificate.

- ☐ Complete the work detailed hereunder.

- ☐ Complete the work detailed hereunder and contact the Principal Certifying Authority to arrange a re-inspection. NB A re-inspection fee of \$ will be charged, which is payable **PRIOR TO THE RE-INSPECTION BEING CARRIED OUT.**

Waterproofing satisfactory

Signed: A. Barker
Accredited Building Surveyor

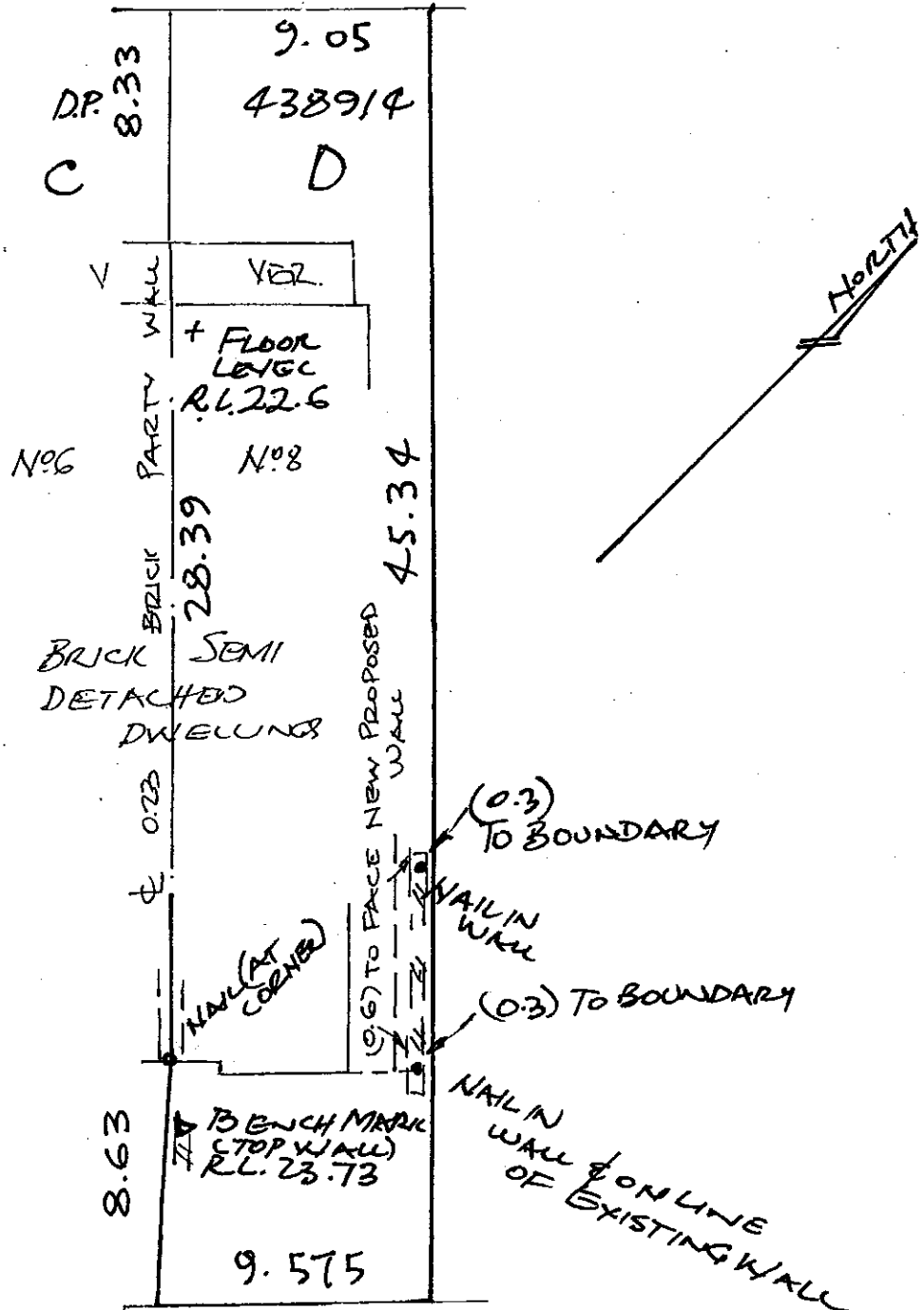
Accreditation No. APB0015

Date: 21/5/10

PLAN

SHOWING LEVELS AND
OFFSET MARKING OF NORTH WESTERN
BOUNDARY - (N^o 18 CLIFF ST, MANY)

CLIFF ST.



N.L. HAYES PTY. LTD.

Unit 1/9 Boyle Street Balgowlah 2093 Tel/Fax 9949 5974

Norman J. Hayes
Per:
Registered Surveyor

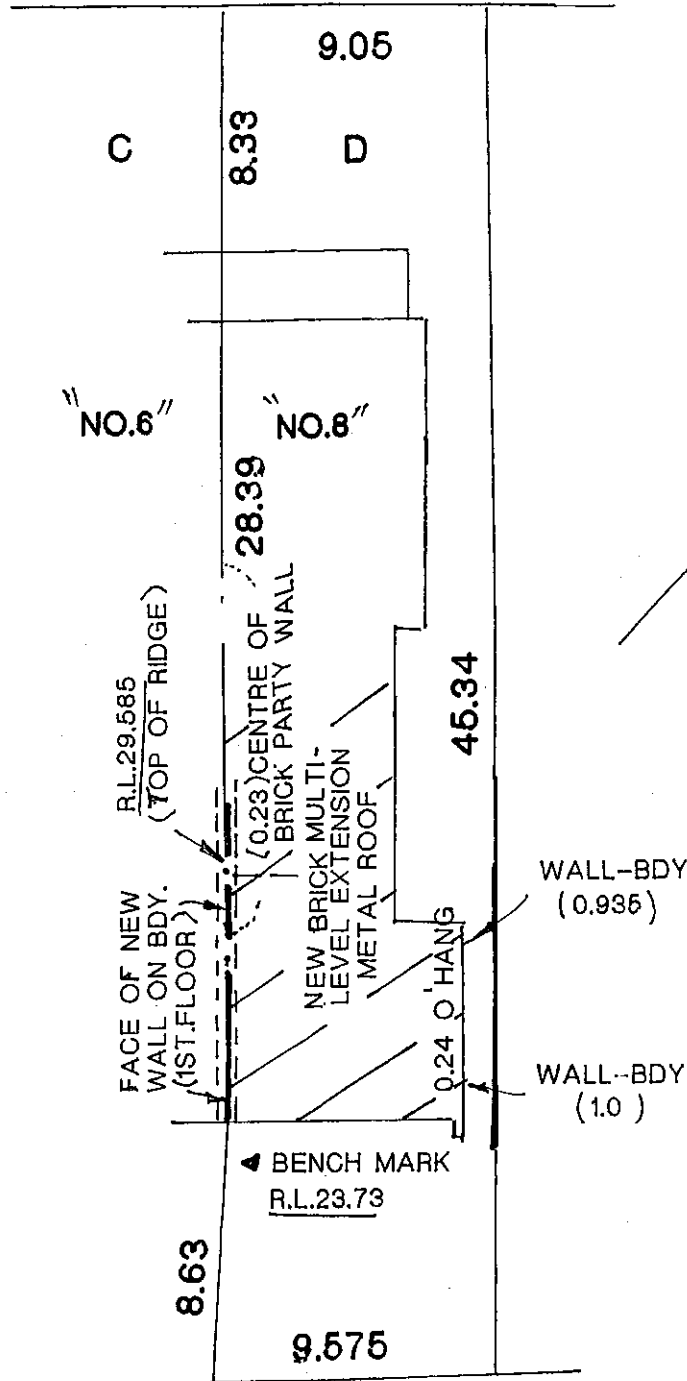
Date: 6 MAY 2010 Ref: 7417

SKETCH PLAN

SHOWING LOCATION OF WALLS OF REAR
EXTENSION AND TAKING OF LEVELS

NO. 8 CLIFF STREET, MANLT
(LOT D D.P.439914)

CLIFF STREET



N.L. HAYES PTY. LTD.

Unit 1/9 Boyle Street Balgowlah 2093 Tel/Fax 9949 5974

Per: *Norman J. Hayes*

Registered Surveyor

Date: 29/7/2010

Ref: 7428

(7417)

Account/property/Rate No.

--	--	--	--	--	--	--	--	--

Serial No E

478218

Please supply requested information fully and neatly to ensure the prompt issue of the permit

House No Lot No Street Suburb

Municipality/Shire Postcode Nearest Cross Street

Owner's Name Full Address

Full Name K. R. V. ANDERSON		Address for Notices 2. HERRINGTON RD (PO BOX) LONDON ONTARIO		Phone No. 905-881-0456
Qualified Supervisor No.	Expiry Date/...../.....	Contractor/Company/Partnership Licence No.	Expiry Date/...../.....	

Size of Drilling/No.	Size of pipework Main to Meter	or	Main Size-Size of Tee to be cut into Main	Size of Valve
Reference No.	Size of Meter	Meter No.	Drilling Date/Time	Office Issued from

- Carry out work of Water Supply ☒
- Install Irrigation system ☐
- On-site water services where a reticulated water supply is installed ☐
- Install/Commission/Maintenance of Thermostatic Mixing Valve ☐
- Draw water from Water Utilities supply, standpipe or sell water so drawn ☐
- Install, alter, disconnect or remove a meter connected to service pipe..... ☐
- Install, alter, disconnect or remove a backflow prevention device ☐

☐ CONTAINMENT ☐ ZONE ☐ INDIVIDUAL

Fittings to be Connected	Number Existing	Number proposed	Connected to Drinking Water	Connected to Non-Drinking Water
W.C	1	2		
Basin	1	2		
Bath	1	2		
Shower	1	2		
Kitchen	1	1		
Laundry	1	1		
Other (Specify)				
Irrigation System				

Give full description of work and list the number of fittings to be connected

- Carry out work of sanitary plumbing/drainage
- Carry out work of Stormwater drainage
- Connection to Sewer
- Sewer Disconnection
- Connection to stormwater system
- Carry out Trade Waste work.....

Trade Waste Permit Number

Fittings to be Connected	Number Existing	Number proposed
W.C	1	2
Basin	1	2
Bath	1	2
Shower	1	2
Kitchen	1	1
Laundry		
Other (Specify)		

Date Fee Paid/...../.....	Amount \$	Receipt No.	Building Fee	Receipt No.
Authorising Officer/...../.....	Office/Agency		Drainage No/Date	
Date of Commencement of Work/...../.....	Estimated Date of Completion/...../.....	Signature of Contractor		

1. In respect of authorised work carried out by me at the abovementioned property I certify that:
- (i) The work has been completed in accordance with the Permit issued, or deemed given by the Local Authority;
 - (ii) The work has been installed using only authorised pipes, fittings and fixtures;
 - (iii) The completed work has been tested as required by the local Authority and has passed such test;
 - (iv) In my opinion the work complies with the relevant Local Authorities Act, By-Laws and Codes of practice;
 - (v) Meter No. _____ that was fixed;
 - (vi) The work was completed on _____.
2. If any defect is found in the work carried out by me within a period of twelve (12) months or within the time specified by Local Authorities, from the date of completion, and the Local Authorities Inspector for Plumbing and Drainage certifies that in his opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Local Authorities Inspector/or any time specified by the Local Authority.

This copy is to be forwarded to the owner/Agent within two (2) working days of being completed

Signature of Contractor

KIRK SAUNDERS PLUMBING

22 Narrabeen Park Pde
Warriewood NSW 2102
T: 0415655169
F: (02) 99447319
License No 28973c

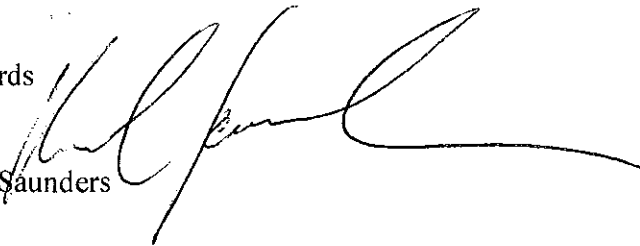
14th Oct 2010

NI Celtic Constructions
8 Cliff Rd
Manly,

This is certification that Kirk Saunders Plumbing completed all the new stormwater plumbing to Australian Standards 3500 at 8 Cliff Rd Manly.

Regards

Kirk Saunders

A handwritten signature in black ink, appearing to read 'Kirk Saunders', written over the printed name.

TERMITE MANAGEMENT NOTICE CHEMICAL AND/OR PHYSICAL BARRIER

This building has been treated with an approved Termite Management system to deter subterranean termite attack in accordance with AS3660. 1-2000 (part 1 - New Buildings) and AS3660.2-2000 (Part 2 - In and Around Existing Buildings and Structures).

DATE APPLIED: 3.16.10

Method Used: ☒ Chemical Barrier ☐ Physical Barrier

Chemical Used: Sifenstar

Physical Method Used:

	Area Treated	Life Expectancy (as per Label)
<input checked="" type="checkbox"/>	Underslab	<u>10</u> Years
<input type="checkbox"/>	Perimeter	Years
<input type="checkbox"/>	Sub Floor	Years
<input type="checkbox"/>	Other	Years

Caution: (Chemical Barrier) Disturbance or covering of the treated soil in contact with the building or structural attachment may reduce the effectiveness of the treatment and could increase the risk of termite damage.

AVOID CONTACT WITH TREATED SOIL

IMPORTANT: The building must be inspected for termite activity at regular intervals not exceeding 12 months or every months from the installation date. The type of inspection will be dependent upon the method used and the manufacturer's recommendation for this treatment is

Treated By: D. M. Mader Phone No: 08 924 4722

Certificate of Termite Treatment

in accordance with AS 3660.2-2000

Post construction **PRE**

PAD (4)

Name of owner/builder CELTIC CONSTRUCTIONS

Nº **A** 202771

Property Address 8 CLIFF ST

Post Code 2095

AS 3660.2 Termite Work:

Nest Eradication and/or Live Termite Activity Control ☐

Termite Management System(s) Installed

Monitoring and Baiting ☐ Repellent Liquid Termiticide Treated Zone ☒

Non-Repellent Liquid Termiticide Treated Zone ☐ Chemical Reticulation System ☐ Physical Barrier ☐

Nest Removal, Eradication and/or Live Termite Activity Control:

A termite nest was/was not (cross out one or the other) located in/at _____ and therefore was/was not (cross out one or the other) removed or was treated with _____. All termite entry points should be found. Finding them may result in us causing damage to your property. We take no responsibility for the cost of the repair of such damage and you agreed to meet the full cost of all such repairs. Termite entry points were found in the following area(s) _____

Termite activity was treated by the direct application of _____ termiticide agent registered for this use into termite workings in the following area(s) _____ and will require inspection in 7 to 28 days. If termite activity is still present at this inspection then further termiticide agent will be required and a further inspection will be required. Such colony control treatment should continue until all termite activity has ceased. The termite management system(s) as indicated above should not be installed until after all evidence of termite activity has ceased, but this need not apply to monitoring and baiting systems.

Liquid Termiticide Treated Zone(s)/Reticulation system(s):

If Reticulation System (brand is): _____

A Treated Zone/~~Reticulation System~~ (cross out if not applicable) was installed to the following areas PREPARED

REAR EXTENSION AREA

using the liquid termiticide _____ which contain the active constituent(s) _____

The concentration of the liquid termiticide/s used was _____ % and the total volume used was _____ Lt. Termiticide barriers degrade (break down) over time and should be replenished in the future. The Termiticide manufacturers claim their products should last from 2 to 10 years depending on the type and strength of termiticide used and the site conditions. So in the future, after one of the required regular inspections of the property, the inspector may advise you of the need to re-install the treated zone or barrier.

The Recharge Interval for Reticulation System Installed is: _____

If this treatment was carried out as part of a treatment for active termites then an inspection of the property and buildings should be carried out one to three months after the completion of this treatment and again three months after that.

OTHER TERMITE MANAGEMENT SYSTEM (~~ie Physical Barriers and Baiting & Monitoring~~):

Another Termite Management System(s) was installed in the following area(s): RECOMMENDED

REMAINDER OF SUB FLOOR FOR DETERRANT The (System) is _____

The method(s) of installation was _____

_____. The system is/is not (cross out one or the other) in combination with a liquid termiticide treated zone and is/is not (cross out one or the other) integrated with the building to form the termite management system. Please see the section limitations.

The Termite Management System(s) installed using all or any of the above system(s) is a **full/incomplete** (cross out one or the other) treatment. Incomplete treatments are unlikely to be effective and on going more frequent inspections are required and further treatments may also be required. No warranty can be given where only incomplete termite management system(s) have been installed.

Limitations that apply to the above installation are: _____

The treatment will not be complete until all termite activity has ceased and a full Termite Barrier, Baiting and Monitoring Program or Treated Zone has been successfully installed. If you become aware of any new activity do not disturb the termites in any way. You should notify this firm of your finds as soon as possible. Please contact us if ever you have any concerns about termites or the effectiveness of the barrier and/or treated zone or installed system. **It is very important that the Termite Barrier and/or treated zone or system is not bridged, breached or disturbed. DO NOT disturb the treated areas or installed system in any way.**

A qualified Timber Pest Inspector should inspect the building and its surrounds at least every twelve (12) months. **It is strongly recommended by the Australian Standard AS 3660.2-2000 that more frequent inspections (3 to 6 monthly) should be carried out.**

We recommend an inspection every 12 Months.

Diagram (not to scale) showing the location of the installed termite management system(s) and/or monitoring/bait stations.

A 202771

KEY	The direction of North is indicated by the ↑ symbol. North is approximately:
Plumbing	
Piers	
Steps	
Termite Barriers	
Treated Zones	
Monitoring/Bait Stations	
Termite Activity	
Other:	

Terms and Conditions on Page 1 form an important part of this Certificate. If the above barrier(s) and/or treated zone(s) is/are integrated with the concrete then the concrete forms an integral part of the termite barrier to this structure. In this case, the concrete should have been poured in accordance with AS 3600 or AS 2870-1996 + amendments.

This firm did not install any concrete or any part of the building structure that forms any part of the barrier and takes no responsibility for any failure of the Termite Barrier and/or treated zone that results from the failure of any concrete or building construction to perform as a Termite Barrier.

Note: The term treated zone used in this document refers to liquid termiticides when used to form part of a termite management system(s) as referred to in AS3660.2-2000 as "Termite Barrier Systems".

Installation Firm: <u>Doonunder Pest Services</u>	Name of Installer: <u>J. Ross</u>
Firm's Address: <u>P.O. Box 116</u>	Installer's Licence No.: <u>719</u>
<u>Manly NSW</u> Post Code: <u>2095</u>	Insurance Termite Accreditation Number: <u>AIS-2020241</u>
Telephone: <u>0408-447239</u>	Signature: <u>[Signature]</u> Date: <u>3-6-10</u>
Client or Agent's Signature: _____	Date: _____



Part of the JELD-WEN family

Compliance Certificate

Stegbar Pty Ltd is a participating member of the AWA Accreditation Program, provides a 7 Year Guarantee against faulty workmanship and materials, is committed to the Industry Code of Conduct and has met the requirements of the annual AWA Compliance Audit conducted by a NATA accredited audit.

The manufacturer certifies that the windows and doors supplied to:

Address:	8 CLIFF ST, MANLY
Order Number:	98040 , 98041
Delivery Date:	28/7/10 (98040) , 3/8/10 (98041)

have been manufactured to comply with the Australian Standard AS2047 and the Glass Standard AS1288 including human impact requirements as specified in the order.

Stegbar representative A. Wilby Date 3/10/10

The Builder/Installer certifies that the windows and doors supplied have been installed correctly and the human impact glass located in the correct openings.

Builder/Installer _____ Date _____



Accreditation No. 13739. This inspection service is accredited by the National Association of Testing Authorities Australia. The services reported herein have been performed in accordance with the scope of accreditation.



Brookvale Glass Services Pty Ltd
188 Harbord Road, Brookvale NSW 2100
Ph: 9938 2826 Fax: 9938 2670

12TH OCTOBER 2010

To Whom It May Concern

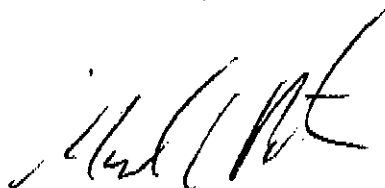
RE: CLIFF STREET , MANLY

I write to confirm that the following glazing work carried out at the above address has been installed in accordance with AS 1288.

- * 2 x 10mm Clear Toughened Frameless Glass Showerscreens**
- * Glass panel to roof**

If you require any further information please do not hesitate to contact the undersigned.

Yours faithfully,



Michael Peterson
Brookvale Glass Services Pty Ltd

Phil Planten Electrics Pty Ltd

ABN No. 58002909524. Lic No. EC35022

23 Burchmore Rd

Manly Vale

NSW 2093

Fax No. 99485381. Tel No. 0418165800

Email: phil@philplantenelectrics.com

To Whom it may concern.

8 Cliff St Manly has been fitted with smoke detectors in accordance with the Building code of Australia Volume 2 Part 3.7.2

Regards

Phil Planten

8/10/10



Form: 13PC
Licence: 01-05-074
Licence: LEAP Legal Software Pty Limited
Firm name: Shaw Reynolds Bowen & Gerathy

POSITIVE COVENANT

New South Wales

Section 88E(3) Conveyancing Act 19



AD733803T

PRIVACY NOTE: Section 31B of the Real Property Act 1900 (RP Act) authorises the required by this form for the establishment and maintenance of the Real Property / the Register is made available to any person for search upon payment of a fee, if any.

(A) TORRENS TITLE

D/438914

(B) LODGED BY

Delivery Box 134B	Name, Address or DX and Telephone LLPN: 123070P Shaw Reynolds Bowen & Gerathy Level 3, 151 Macquarie Street, Sydney NSW 2000 Tel: (02) 9271 0300 Reference (optional): T Hunt:TAH:070357	CODE PC
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(C) REGISTERED PROPRIETOR

GAVIN JAMES BRADLEY AND SHARYN MARGERY BRADLEY AS JOINT TENANTS

(D) LESSEE MORTGAGEE or CHARGE

Of the above land agreeing to be bound by this positive covenant		
Nature of Interest	Number of Instrument	Name
NOT APPLICABLE		

(E) PRESCRIBED AUTHORITY

Within the meaning of section 88E(1) of the Conveyancing Act 1919
MANLY COUNCIL

(F) The prescribed authority having imposed on the above land a positive covenant in the terms set out in annexure A hereto applies to have it recorded in the Registrar and certifies this application correct for the purposes of the Real Property Act 1900.

DATE

29/01/2008

(G) Execution by the prescribed authority

I certify that an authorised officer of the prescribed authority who is personally known to me or as to whose identity I am otherwise satisfied signed this application in my presence.

Signature of witness:

Helga Sobotta

Signature of authorised officer:

David Stray

Name of witness:

HELOA SOBOTA JP 14/20

Name of authorised officer:

DAVID STRAY

Address of witness:

1 BELGRAVE ST MANLY

Position of authorised officer:

MANAGER
DEVELOPMENT
ASSESSMENT

(G) Execution by the registered proprietor

I certify that the person(s) signing opposite, with whom I am personally acquainted or as to whose identity I am otherwise satisfied, signed this instrument in my presence.

Certified correct for the purposes of the Real Property Act 1900 by the Registered Proprietor.

Signature of witness:

Katharine Owen

Signature of Registered Proprietor:

Name of witness:

KATHERINE OWEN
30 FAIRLIGHT ST
FAIRLIGHT NSW 2094

Address of witness:

Gavin Bradley

(H) Consent of the N.A.

The N.A. under N.A. No. , agrees to be bound by this positive covenant.

I certify that the above N.A. who is personally known to me or as to whose identity I am otherwise satisfied signed this application in my presence.

Signature of witness:

Signature of N.A.:

Name of witness: N.A.

Address of witness: N.A.

on PC

(b) the Council may recover from the registered proprietor in a Court of competent jurisdiction:

- (a) any expense reasonably incurred by it in exercising its powers under clause 1(iv)(a) above. Such expense shall include reasonable wages for the Council's own employees engaged in effecting the said work, supervising the said work and administering the said work together with costs, reasonably estimated by the Council, for the use of machinery, tools, and equipment in conjunction with the said work
- (b) legal costs on an indemnity basis for issue of the said notices and recovery of the said costs and expenses together with the costs and expenses of registration of a covenant charge pursuant to section 88F of the Act or providing any certificate required pursuant to section 88G of the Act or obtaining any injunction pursuant to section 88H of the Act.

v) This covenant shall bind all persons who claim under the registered proprietors as stipulated in section 88E(5) of the Act.

2. For the purposes of this covenant:

- (i) **Structure and Works** shall mean the on-site stormwater detention system constructed on the land as detailed on the plans approved by Council pursuant to Development Consent No. 426/06 including all gutters, pipes, drains, walls, kerbs, pits, grates, tanks, chambers, basins and surfaces designed to temporarily detain stormwater on the land.
- (ii) **The Act** means the Conveyancing Act 1919.

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Signature of Gavin James Bradley

.....
Signature of Authorised Officer

.....
Witness

.....
Witness

.....
Signature of Sharyn Margery Bradley

.....
Witness