

Building Certificate Application

Section 149(D) of the *Environmental Planning and Assessment Act, 1979*

1. Applicant Details

| | |
|---|--------|
| Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> | Name: |
| Postal Address: | |
| Phone/Mobile: | Email: |
| I declare that all the information given on this form and in the accompanying documentation is true and correct. I understand that if incomplete the application may be returned to me, delayed, rejected or more information may be requested. | |
| Applicant(s) signature | |

2. Site Details

| | | |
|--------------------------|-------------------|--------|
| Lot No. | Section No. | DP No. |
| Street/Rural Address No. | Street/Road Name: | |
| Town/Locality: | | |

3. Building Type and Description

| | | |
|--|---|---|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Dwelling Additions/Alterations | <input type="checkbox"/> Ancillary (shed, carport, pool, pergola or the like) |
| <input type="checkbox"/> Commercial/Retail | <input type="checkbox"/> Industrial | |
| Floor area (m ²) | | |
| Description of the building (or part) to be certified: | | |
| | | |
| | | |
| | | |

4. Arrangements for access to the building

| | |
|---|--------|
| Name of contact person: | |
| Address: | |
| Phone: | Email: |
| Connection to building (eg tenant, owner, real estate agent): | |

5. Owners' Consent

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|--|--------|
| If there is more than one owner of the land, every owner must sign. If the property is within a strata plan, Consent of the Owners Corporation is required under seal. If owner is a company or corporation, a director or secretary (or authorised delegate) must sign. In signing this form, you consent to Council officers accessing the property and building for the purposes of carrying out an inspection. | |
| Owner(s) Name: | |
| Owner(s) Address: | |
| Phone: | email: |
| Owner(s) Signature: | |
| Date: | / / |

Office use only

| | |
|----------------------|-----------------|
| Application No: CC / | Date fees paid: |
| ID no. | Receipt Number: |
| | Received by: |