



(SD-FO-240) NOTICE OF INTENTION TO COMMENCE WORK

NOTICE TO			
Name			
GRIFFITH CITY COUNCIL			
Address			
PO BOX 485			
Suburb or town		State	Postcode
GRIFFITH		NSW	2680
SECTION A Development details			
Address			
Description of the building work or subdivision work			
SECTION B. Development consent (DA)			
Name of council		DA number/identifier	Date DA issued
SECTION C. Construction certificate (CC)			
Name of certifying authority		CC Number/Identifier	Date of CC
SECTION D. Complying development certificate			
Name of certifying authority		CDC Number/identifier	Date of CDC
SECTION E. Details of principal contractor/owner builder			
<input type="checkbox"/> Principal contractor		<input type="checkbox"/> Owner builder – permit number	
Name		Address	
Phone		Fax	Email
SECTION F. Compliance with conditions (this statement must be completed for the council as the PCA)			
I, _____		confirm that all conditions of the above development consent that are required to be satisfied prior to the work commencing have been satisfied	
(insert name of council accredited certifier)			
Signed		Date	
(by the accredited certifier acting on behalf of the council)			
SECTION G. Notice of commencement			
The building/subdivision work described above is intended to commence on*			
Note*: Must be not more than 2 business days from the date of the notice			
SECTION H. Details of person giving notice*			
Name (the person having the benefit of the CC)		Address	
Phone		Fax	Email
Signature		Date	
Note*: This person is responsible for giving this Notice to the council			