



(SD-FO-250) APPOINTMENT OF THE PCA

(This form must be completed by the person with the benefit of the development consent)

Appointment of _____ as the Principal Certifying Authority			
I/we _____ _____			
Being the person with the benefit of the development consent for the subject development, authorize and appoint _____ _____ of Griffith City Council as the <i>Principal Certifying Authority</i> for the following development as outlined in the EP&A Act 1979 (as amended) _____			
at _____ _____			
DA Number	_____	CC Number	_____
CDC Number	_____		
For the purpose of this Notice of Appointment:			
THE PRINCIPAL CERTIFYING AUTHORITY		_____	
(hereinafter referred to as "the Principal Certifying Authority")			
Accreditation Number		BPB	
Address	1 Benerembah Street, (PO Box 485) GRIFFITH NSW 2680		
Telephone	02 6962 8100	Facsimile	02 6962 7161
E-mail _____			
ACCREDITATION AUTHORITY	Building Professionals Board	Telephone 02 9895 5950	
"Principal Certifying Authority" means _____ of Griffith City Council as detailed below			
<p>With reference to this proposed development I/we the person with the benefit of the development consent for the subject development, acknowledge and accept that as a requirement of its appointment, the <i>Principal Certifying Authority</i> will be carrying out all critical stage inspections required by the Act during the course of construction along with any others deemed to be necessary by the PCA.</p> <p>I/we are also aware that there may be conditions imposed on any Development Consent or Complying Development Certificate related to this development that may be my/our responsibility.</p> <p>I/we wish to advise that the proposed date for commencement of building works is _____ / _____ / _____</p> <p>This Appointment will take effect upon the endorsement of the document by the <i>Principal Certifying Authority</i>.</p>			
SIGNATURES			
Signed:	_____	Date:	_____/_____/_____
Signed:	_____	Date:	_____/_____/_____
PRINCIPAL CERTIFYING AUTHORITY			
I acknowledge that I have been appointed by the applicant to carry out the role of the Principal Certifying Authority for this development.			
Signed:	_____	Date	_____/_____/_____
Name:	_____		
Privacy Policy			
The information you provide in this notice is required under the Environmental Planning and Assessment Act 1979 if you are going to erect a building or carry out subdivision work. If you do not provide the information to the consent authority, you cannot commence the work. The information will be held by the consent authority and by the council (if council is not the consent authority). Please contact the council if the information you have provided in this notice is incorrect or changes.			

(SD-FO-245) AGREEMENT FOR CERTIFICATION WORK

DETAILS OF CERTIFYING AUTHORITY

Griffith City Council
1 Benerembah Street (PO Box 485)
GRIFFITH NSW 2680
Telephone 02 6962 8100
Email: admin@griffith.nsw.gov.au

Accredited Certifiers:

Anthea Crack	BPB 2482
Craig Filmer	BPB 0945

INSURANCE DETAILS

Statewide Mutual Liability Scheme – 000736 – Valid to 30 June 2018 (Anthea)
Pen Underwriting – 1214-0023722 – Valid to 6 April 2019 (Craig)

CLIENT DETAILS

Name: _____
Address: _____
Contact Number: _____
Email address: _____

PARTICULARS OF CERTIFICATION WORKS (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Issue of a compliance certificate | <input type="checkbox"/> Act as Principal Certifying Authority |
| <input type="checkbox"/> Issue of a construction certificate | <input type="checkbox"/> Issue certificate of compliance / non-compliance for swimming pool |
| <input type="checkbox"/> Issue of an occupation certificate | |

PARTICULARS OF DEVELOPMENT

Description: _____
Address: _____
Lot & DP: _____

IS THIS WORK SUBJECT TO ANY RELEVANT DEVELOPMENT CONSENT OR CERTIFICATE

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes - If yes, please complete the following | <input type="checkbox"/> No |
| <input type="checkbox"/> Development Application | Approval No: _____ |
| <input type="checkbox"/> Construction Certificate | Certificate No: _____ |
| <input type="checkbox"/> Complying Development Certificate | Certificate No: _____ |

Name of the consent authority for the above: _____

Please list particulars of any plans, specifications or other documents the subject of any consent related to the above

INSPECTIONS

Inspections shall be carried out by one of the accredited certifiers listed at the top of the page, subject to availability and level of accreditation. The accredited certifiers employed or engaged by Council may change without notice prior to the completion of the certification works identified in this contract.

(SD-FO-245) AGREEMENT FOR CERTIFICATION WORK

FEES AND CHARGES

Construction Certificate: _____

Inspections: _____

Occupation Certificate: _____

Swimming Pool Certificate of
Compliance / Non-compliance _____

Unforeseen contingencies or additional inspections will be charged in accordance with Council's current Revenue Policy. Any invoice for such is to be paid within 21 days after the completion of that work.

Date of Contract: _____

Print name (Client): _____

Signature (Client): _____

Print Name (Certifying Authority): _____

Signature (Certifying Authority): _____