



**(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 *Principal Certifying Authority* 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**

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 *Principal Certifying Authority* 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.

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.

I/we wish to advise that the proposed date for commencement of building works is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This Appointment will take effect upon the endorsement of the document by the *Principal Certifying Authority*.

**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.

Approved: Building Certification Coordinator	Group / System: Sustainable Development	Document ID: SD-FO-247	Version: 1
Relevant To:	Date Issued: 16 Nov 16	Revised:	Status: Approved
			Page: 1 of 1



## (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](mailto: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): \_\_\_\_\_