



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

## NOTICE TO

Name

GRIFFITH CITY COUNCIL

Address

PO BOX 485

Suburb or town

GRIFFITH

State

NSW

Postcode

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

Principal contractor

Owner builder – permit number

Name

Address

Licence #

Phone

ABN

Email

## SECTION F. Compliance with conditions (this statement must be completed for the council as the PCA)

I,

(insert name of council accredited certifier)

confirm that all conditions of the above development consent that are required to be satisfied prior to the work commencing have been satisfied

Signed

(by the accredited certifier acting on behalf of the council)

Date

## 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

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