



APPLICATION FORM FOR CROWN BUILDING WORK

APPLICATION FORM

LAND TO BE DEVELOPED

Lot No.:	<input type="text"/>	DP/SP:	<input type="text"/>
Flat/Street No.:	<input type="text"/>	Street Name:	<input type="text"/>
Suburb:	<input type="text"/>	Area (m ²):	<input type="text"/>

THE APPLICANT

Surname/ Company Name:	<input type="text"/>
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms First Name/ Company Contact Person:	<input type="text"/>
Postal Address:	<input type="text"/>
Suburb & Postcode:	<input type="text"/>
Contact Details:	Ph: <input type="text"/> Fax: <input type="text"/> Mob: <input type="text"/> Email: <input type="text"/>

THE DEVELOPMENT

Proposed Building Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
Description of Development:	<input type="text"/>
Value of Work:	\$ <input type="text"/>
Building Classification:	<input type="text"/>

CONSENTS (IF APPLICABLE)

Development Consent No.:	<input type="text"/>	Date of Issue:	<input type="text"/>
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If a development consent is related to the proposed building please provide the details above. It should be noted that the Crown is solely responsible for the enforcement of any conditions imposed on the Development Consent and that the Development Consent will not form part of the technical provisions incorporated under Section 109R of the Act, to be considered by the certifier.

CONTRACTORS DETAILS

Company Name:	<input type="text"/>
Licence No.:	<input type="text"/>
ABN No.:	<input type="text"/>
Address:	<input type="text"/>
Contact No.:	Ph: <input type="text"/> Fax: <input type="text"/> Mob: <input type="text"/> Email: <input type="text"/>

OFFICE USE- RECEIPT OF APPLICATION

Application No.

Date Received

OWNER'S CONSENT

OWNERS CONSENT

I hereby apply for certification under Section 109R of the Act to carry out Crown building works described in this application. I declare that all the information in the application is, to the best of my knowledge, true and correct. The technical provisions applicable to this assessment includes the National Construction Codes and the Disability (Access to Premises – Buildings) Standards 2010.

I also authorise Pro Cert Group Pty Ltd staff to enter the subject property at any reasonable time for the purpose of carrying out an inspection in connection with the assessment of this application.

Note: Without the Crowns consent we will not accept this application. If you are signing on the Crowns behalf as a delegated representative, you must state the nature of your delegation and attach documentary evidence (for example, Crown employee delegation or Crown stamp etc)

I also understand that if the information is incomplete the application may be delayed or rejected or more information may be requested. If the information provided is misleading any approval granted 'may be void'.

OWNER/S SIGNATURES

Signed: _____

Name (Please Print): _____

Date: _____

Signed: _____

Name (Please Print): _____

Date: _____

OWNERS DETAILS – IF SAME AS APPLICANT INDICATE “AS ABOVE”

Surname/
Company Name: _____

First Name: _____

Postal Address: _____

Suburb & Postcode: _____

Contact Details:

Ph: _____ Fax: _____ Mob _____

Email: _____

COMPLETION CERTIFICATE NOMINATION

Are you nominating Pro Cert Pty Ltd to carry out inspections during construction and/or to provide a verification letter prior to occupation to ensure compliance with the nominated technical provisions for the proposed building works?

No

Yes