



FORM

Appointment of Council as Principal Certifying Authority (PCA)

Applicant Details

If the applicant is not the property owner, the owner also needs to sign the declaration on this form.

Applicant's Name/s:

Full Postal Address:

Contact Telephone No:

Email:

Property Details

Lot:

DP:

Sec:

Street Address:

Owner/s Name (if different from applicant):

Owner/s Address:

Details of the Development

E.g. deck and swimming pool, subdivision of land

Development consent number:

Date issued:

Complying development certificate number:

Date issued:

Construction certificate or subdivision works certificate number:

Date issued:



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Owner's Declaration	
First Name:	Last Name:
<i>Declare that I have read the accompanying notes and I am aware of my responsibilities during the course of the works on my property.</i>	
Signature:	Date:

Certification Work Requested	
	appointment as Principal Certifying Authority (PCA) under Section 6.5 of the EP&A Act for building works/subdivision works
The issuing of a:	
	construction certificate under Section 6.8 of the EP&A Act
	final occupation certificate under Section 6.10 of the EP&A Act
	subdivision work certificate under Section 6.14 of the EP&A Act
	the carrying out of functions as PCA under the EP&A Act
	the carrying out of inspections under Section 6.5 of the EP&A Act
<i>Council will undertake the certification work in a professional manner and in accordance with the requirements of the EP&A Act and the Environmental Planning and Assessment Regulations 2000.</i>	

STATUTORY OBLIGATIONS OF ACCREDITED CERTIFIERS

This contract must attach any document containing information about the statutory obligations of accredited certifiers that is published by the Building Professionals Board for the purpose of clause 19A of the Building Professionals Regulation 2000 and available on its website.

Accredited Certifier				
Name Forbes Shire Council				
Street Number 2	Street Name Court Street	Suburb Forbes	State NSW	Postcode 2871
Phone Number 02 6850 2300	Email Address development@forbes.nsw.gov.au			

Council's Signature	
Officer's first name:	
Officer's surname:	
Officer's position:	
Signature of Officer:	Date: