



McKenzie Group Consulting (NSW) Pty Ltd  
 ACN: 093 211 995  
 Level 6, 189 Kent St, Sydney NSW 2000  
 Tel: 02 8298 6800 Fax: 02 8298 6899  
 email@mckenzie-group.com.au

## APPLICATION FORM FOR CROWN CERTIFICATE

I/We the undersigned hereby make application to McKenzie Group Consulting (NSW) Pty Ltd for:

- Crown Certificate
- Completion Certificate:

<b>Applicant</b>	Name: _____ Address: _____ _____ Tel: _____ Fax: _____  Note: The applicant must be the property owner or a person authorized by the owner to lodge the application. However a building contractor cannot be the applicant unless they are the owner of the property.
<b>Owner of building</b> (if not Applicant)	Name: _____ Address: _____ _____ Tel: _____ Fax: _____
<b>Consent of all Owner(s)/Applicant</b> (Signatures)	I/We consent to this application  _____ Name: _____ Signature
<b>Subject land</b>	Address: _____ _____ Lot/Portion: _____ Section: _____ DP No.: _____ Municipality _____
<b>Description of development</b> <input checked="" type="checkbox"/> Building work	Description: _____ _____

<b>Building Code of Australia building classification</b> (As nominated on the development consent)	Part: _____ Use: _____ BCA Class: _____
<b>Development Consent</b>	Consent No: _____ Date of determination: _____
<b>Crown Certificate</b>	Certificate No: _____ Date of determination: _____
<b>Value of work (building)</b>	\$: _____
<b>Date work is to commence</b>	Date: _____
<b>Date of receipt</b> (to be completed by certifying authority)	Date: _____
<b>Builder / Principal Contractor</b>	Name: _____ Address: _____ License No/Permit No: _____ (Where applicable)
<b>Compliance with Development Consent or Complying Development Certificate</b>	Have all conditions required to be satisfied prior to the commencement of work been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conditions may include payment of security, s 94 contributions, endorsement of building work plans by water supply authority, etc)
<b>Schedule</b>	The attached schedule is required to be completed for the purposes of providing information to the Australian Bureau of Statistics.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Name of Applicant/Owner

\_\_\_\_\_  
Date

**Schedule to Application**

**Particulars of the Proposal**

What is the area of the land (m<sup>2</sup>):

Gross floor area of existing building (m<sup>2</sup>):

What are the current uses of all or parts of the building(s)/land? (If vacant state vacant)

Location: Use:  
 Location: Use:  
 Location: Use:  
 Location: Use:

Does the site contain a dual occupancy?  Yes  No

What is the gross floor area of the proposed addition or new building (m<sup>2</sup>):

What are the proposed uses of all parts of the building(s)/land?

Location: Use:  
 Location: Use:  
 Location: Use:  
 Location: Use:

**Materials to be Used**

Place a tick (✓) in the box which best describes the materials the new work will be constructed of:

<b>Walls</b>		<b>Code</b>	<b>Roof</b>	
<input type="checkbox"/>	<b>Code</b>		<input type="checkbox"/>	
<input type="checkbox"/>	full brick/single brick/concrete block	11	<input type="checkbox"/>	concrete/ terracotta tiles or shingle 10
<input type="checkbox"/>	brick veneer	12	<input type="checkbox"/>	concrete/slate 20
<input type="checkbox"/>	concrete/masonry	20	<input type="checkbox"/>	fibrous cement 30
<input type="checkbox"/>	fibrous cement/hardiplank	30	<input type="checkbox"/>	steel 60
<input type="checkbox"/>	timber/weatherboard	40	<input type="checkbox"/>	aluminum 70
<input type="checkbox"/>	curtain glass	50	<input type="checkbox"/>	fibreglass/other 80
<input type="checkbox"/>	steel	60		
<input type="checkbox"/>	cladding-aluminum	70		
<input type="checkbox"/>	other	80		
<input type="checkbox"/>	unknown	90		
<b>Floor</b>		<b>Code</b>	<b>Frame</b>	
<input type="checkbox"/>	<b>Code</b>		<input type="checkbox"/>	
<input type="checkbox"/>	timber	10	<input type="checkbox"/>	timber 40
<input type="checkbox"/>	concrete	20	<input type="checkbox"/>	steel 60
<input type="checkbox"/>	other	80	<input type="checkbox"/>	other 80
<input type="checkbox"/>	unknown	90	<input type="checkbox"/>	unknown 90

## Notes for completing APPLICATION FORM / APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY / NOTICE OF COMMENCEMENT

### Building Work

In the case of an application for a construction certificate for **building work**:

- a) copies of compliance certificates relied upon
- b) four (4) copies of detailed plans and specifications

The plan for the building must be drawn to a suitable scale and consist of a general plan and a block plan. The general plan of the building is to:

- show a plan of each floor section
- show a plan of each elevation of the building
- show the levels of the lowest floor and of any yard or unbuilt on area belonging to that floor and the levels of the adjacent ground
- indicate the height, design, construction and provision for fire safety and fire resistance (if any)

Where the proposed building work involves any alteration or addition to, or rebuilding of, an existing building the general plan is to be coloured or otherwise marked to the satisfaction of the certifying authority to adequately distinguish the proposed alteration, addition or rebuilding.

Where the proposed building work involves a modification to previously approved plans and specifications the general plans must be coloured or otherwise marked to the satisfaction of the certifying authority to adequately distinguish the modification.

The specification is:

- to describe the construction and materials of which the building is to be built and the method of drainage, sewerage and water supply
  - state whether the materials proposed to be used are new or second hand and give particulars of any second hand and give particulars of any second hand materials to be used
- c) where the application involves an alternative solution to meet the performance requirements of the BCA, the application must also be accompanied by:
    - details of the performance requirements that the alternative solution is intended to meet, and
    - details of the assessment methods used to establish compliance with those performance requirements
  - d) evidence of any accredited component, process or design sought to be relied upon
  - e) except in the case of an application for, or in respect of, a Class 1a or Class 10 building:
    - a list of any fire safety measures that are proposed to be implemented in the building or on the land on which the building is situated, and
    - if the application relates to a proposal to carry out any alteration or rebuilding of, or addition to, an existing building, a separate list of such of those measures as are currently implemented in the building or on the land on which the building is situated.

The list must describe the extent, capability and basis of design of each of the measures concerned.

**Fire Safety Schedule**  
**Schedule of existing/proposed or modified Fire Safety measures**  
(for any existing building and the land on which it is situated)

	<b>Essential Fire Safety Measures</b>	<b>Nominate the current Standard of Performance (e.g. BCA and AS)</b>	<b>Proposed Altered/Modified Essential Fire Safety Measure</b>
1.	Access Panels, Doors and Hoppers		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Automatic Fail Safe Devices		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Automatic Fire Detection and Alarm System		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Automatic Fire Suppression System		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Building Occupant Warning System		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Emergency Lifts		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Emergency Lighting		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	EWIS (Sound Systems and Intercom Systems for Emergency Purpose)		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Emergency Evacuation Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Exit Signs		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Fire Control Centres and Rooms		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Fire Blankets		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fire Dampers		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Fire Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Fire Hose Reels		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Fire Hydrant System		<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Fire Seals, Collars		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Fire Shutters		<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Fire Windows		<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Lightweight Construction		<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Mechanical Air Handling System		<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Paths of Travel		<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Perimeter Vehicular Access for emergency vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Portable Fire Extinguishers		<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Pressurising Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Required Exit Doors (power operated)		<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Residential Automatic Sprinkler System		<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Safety Curtains in Proscenium Openings		<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Self-Closing Fire Hoppers		<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Smoke and Heat Vents		<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Smoke Hazard Management System		<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Smoke and/or Heat Alarms		<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Smoke Dampers		<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Smoke Detectors and Heat Detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Smoke Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Solid Core Doors		<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Stand-by Power System		<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Wall-Wetting Sprinkler and Drencher Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Warning and Operational Signs		<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a copy of **annual fire safety statement** for the building or confirm this an accurate statement of all the existing fire safety schedule implemented in the whole building and the land on which it is situated.

Sign: .....

Name: .....

Date: .....