



McKenzie Group Consulting (NSW) Pty Ltd
 ACN: 093 211 995
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APPLICATION FORM / APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY / NOTICE OF COMMENCEMENT

Environmental Planning and Assessment Act 1979 Sections Clause 79J of EP&A Regulation 2000

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

- Construction Certificate
- Complying Development Certificate
- Occupation Certificate - Interim
- Occupation Certificate - Final
- To appoint _____ from McKenzie Group Consulting (NSW) Pty Ltd as the Principal Certifying Authority for the project.

<i>Office Use Only</i>	
Date of Receipt:	/ /
Date of Receipt:	/ /
Date of Receipt:	/ /
Date of Receipt:	/ /

Applicant	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.
Owner of building (if not Applicant)	Name: _____ Address: _____ _____ Tel: _____ Fax: _____
Consent of all Owner(s)/Applicant (Signatures)	I/We consent to this application _____ Name: _____ Signature
Subject land	Address: _____ _____ Lot/Portion: _____ Section: _____ DP No.: _____ Municipality _____

Description of development <input checked="" type="checkbox"/> Building work	Description: _____ _____
Building Code of Australia building classification (As nominated on the development consent)	Part: _____ Use: _____ BCA Class: _____
Development Consent	Consent No: _____ Date of determination: _____
Construction Certificate/ Complying Development Certificate	Certificate No: _____ Date of determination: _____
Principal Certifying Authority	Name: I, _____ of McKenzie Group Consulting (NSW) Pty Ltd - ACN 093 211 995, consent to being appointed as the Principal Certifying Authority. Address: Level 6, 189 Kent Street, Sydney NSW 2000 Tel: 02 8298 6800 Signed: _____ Accredited Certifier Grade BPB Registration No. _____
Value of work (building)	\$: _____
Date work is to commence	Date: _____
Builder / Principal Contractor	Name: _____ Address: _____ License No/Permit No: _____ (Where applicable)
Compliance with Development Consent or Complying Development Certificate	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)
Home Building Act 1989 Requirements (see note 1)	Principal Certifying Authority has been advised of the requirements of CI 78C of the Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Schedule	The attached schedule is required to be completed for the purposes of providing information to the Australian Bureau of Statistics.
Right of appeal	Under s 109K where the certifying authority is a council an applicant may appeal to the Land and Environment Court against the refusal to issue a Construction Certificate within 12 months from the date of the decision.

Signature of Applicant/Owner

Name of Applicant/Owner

Date

Schedule to Application

Particulars of the Proposal

What is the area of the land (m²):

Gross floor area of existing building (m²):

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 (m²):

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:

Walls		Code	Roof		
<input type="checkbox"/>	Code		<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			
Floor		Code	Frame		
<input type="checkbox"/>	Code		<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)

	Essential Fire Safety Measures	Nominate the current Standard of Performance (e.g. BCA and AS)	Proposed Altered/Modified Essential Fire Safety Measure
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: