COOTAMUNDRA-GUNDAGAI REGIONAL COUNCIL

ABN: 46 211 642 339
PO Box 420, Cootamundra NSW 2590
Email: mail@cgrc.nsw.gov.au
www.cgrc.nsw.gov.au

Application for Building Certificate

Section 6.26 *Environmental Planning and Assessment Act 1979*

About this form	Use this form to apply for a Building Certificate. You can only make this application if you own or are purchasing the land, or you have the owner's written consent.
Lodgement & Fees	Please follow the instructions on page 2.

Application and site details

1. Your name, address and contact details

Title: Mr Mrs Miss Ms Other: ……..……

Family name (or company): ……..……

Given names (or ACN)……..……..……...

Postal address: ……..…….

Phone (…..)……..……..……

E-mail: ……..……..……..…….

Contact person (only if a company, etc)……..……

2. Location and title description of the property

Unit, shop or suite:……Street No:…….Street:……..……..……

Locality:……..……...

Lot(s):……Section:……DP/SP……..

Other:……..……

Get *these details from rate notices, property deeds, or Council property maps*

3. Who owns the land?

Give the name of every owner

Name(s)……..

Address: ……..…

Phone: (……)……..

4. Your interest in the property?

☐ Owner
☐ Other person with owner's written consent
☐ Purchaser's agent or solicitor
☐ Other (specify)……...

5. What type of building is it?

☐ Dwelling ☐ Outbuilding ☐ Shop
☐ Office ☐ Factory ☐ Other (specify)……..…

6. Do you want a certificate for all of the building?

☐ Yes All of the building
☐ No Only part of the building. Which part: ……..……

……..…..

Total floor area for which the certificate will be issued?……m^2

7. Which documents have you supplied?

- ☐ Identification survey from registered surveyor
- ☐ Fire safety certificate
- ☐ Building plans
- ☐ Other (specify)…….

Signatures

8. Owner's consent

As owner of the land to which this application relates, I consent to this application. I also give consent for authorised Council officers to enter the land to carry out inspections:

Signature:……..……..Date:……

If you are signing on the owner's behalf as the owner's legal representative, please state the nature of your legal authority and attach documentary evidence.

……
(eg, power of attorney, executor)

9. Your declaration

I apply for a Building Certificate and I declare that all the information given is true and correct. I also understand that:

- if incomplete, the application may be delayed or rejected, and that
- more information may be requested if required.

Signature:…… Date:……..

How to lodge this application

Address the Application to The General Manager
Cootamundra-Gundagai Regional Council

You can send it to us by any of the following methods

Post PO Box 420
Cootamundra NSW 2590

How to contact us:

Phone 1300 459 689

Fax (02) 6940 2127 (Both Offices)

Email: mail@cgrc.nsw.gov.au

Fees
Fees are calculated in accordance with Clause 260 of the Environmental Planning & Assessment Regulation 2000.
For a house it is $250.00

Payment methods

Pay in person by cash, EFTPOS, credit card or cheque. Make cheques payable to "Cootamundra-Gundagai Regional Council".

Making a personal visit?

81 Wallendoon Street Cootamundra or

255 Sheridan Street Gundagai.

If you wish to discuss this application with our Building Surveyor, it is essential that you arrange an appointment.

Privacy Act

The personal details requested on this form are required under the *Environmental Planning & Assessment Act 1979* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Cootamundra-Gundagai Regional Council officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

OFFICE USE ONLY	**Fee type**	**Fee**	**Receipt No.**
To be completed by Council's Cashier.	Building Certificate Fee		
	Receiving Officer: ……..……		Date:……..……

Please process payment for _____ **to the below credit card.**

I am aware that a 0.75% credit card surcharge will be added to the total amount.

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type:

☐ Visa
☐ MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: **$** _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____