CDC, DA or CC No.

No work can commence until Council has received this form!

1 SUBJECT LA	ND							
Location details	Address							
	Town/Locality					Postcode		
	Lot Number							
Development	Description							
	Commencerr	nent Date of Works:			/	/		
2 CONSENT D	ETAILS							
Development Application	Number	r						
Complying Development	Cert. Numbe	r						
I	Determination Date							
Construction Certificate	Number	r [Date	e of issue:		/ /	
		(Construction Certificate not	necessary fo	or Complyi	ng Develop	ment Certi	ficates)	
3 HOME BUILD	ING ACT 1	989 REQUIREME	NTS					
Builder/Owner – Builder	Surname			First nan	ne			
Registered address 🖂	Street or PO							
	Town/Locality				Postc	ode		
Daytime contact details	Phone			Fax				
	Mobile			Email				
Contractor Licence Number								
Owner Builder's Permit Nur								
		ANTY / OWNER BU		PERI	TIN			
Attach copy of Home Owners	•	ner Builder Permit (if require	ed).					
5 SIGNATURES Signature of owner(s)	Γ							
Signature of owner(s)	Signature(s)							
	Name in full	r						
		Date	/ /			Date	/	/
*Under the Environmental Planr	ning and Assessme	nt Amendment Act 1979 – Sec	ction 81A (2)	(b) (ii) or ((c), or (4) (b)) (ii) or (c),	86 (1) a	and (2)

⊠ PO Box 492 Bega NSW 2550 | ☎ (02) 6499 2222 | ≞ (02) 6499 2200 | 4 www.begavalley.nsw.gov.au | ABN: 26 987 935 332