

Address all correspondence to:

The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia

shoalhaven.nsw.gov.au/contact | 1300 293 111

Notice of Commencement of Work (Building or Subdivision

City Development

Owned by (section): City Development – Building & Compliance

under the Environmental 1 Development	Planning & Assessme		n 6.3 (previous	Section 81A(2), 86 (1)						
Lot:	DP:	Section (where	relevant):	Portion No:						
Shop / Unit / Street No:			To a substantial and a substan							
Suburb:		Postcode:								
2 Description o	Description of proposed development									
3 Approved dev	/elopment									
Provide the Development Consent (DA) OR Complying Development Certificate (CD) number:										
Date Approved:										
Has a Construction Certificate (CC) or Subdivision Works Certificate (SWC) been $\hfill \square$ Yes $\hfill \square$ No issued?										
If yes, CC/SWC number	:		Date:							
If the CC/SWC was issu	ed by an accredited c	ertifier, provide Accr	editation No:							
4 Principal Con	tractor (builder) deta	ails								
Company Name (if apple	icable):									
ABN / ACN:	Licence No.:	Licence No.:								
Position:										
First Name:	Last Name:	Last Name:								
Email:										
Note: At least one con	tact phone number r	nust be supplied.								
Mobile:	Mobile: Home:		Business:							
Dootel Address Chan / L	nit / Street No ·									
Postal Address Shop /U										
Street Name:	THE POLICIES TO SE									
·										
Street Name:										
Street Name: Suburb / Town / Village / State:	/ Locality:									
Street Name: Suburb / Town / Village / State: Office use only	/ Locality: Postcode:									
Street Name: Suburb / Town / Village / State: Office use only	/ Locality:	or 2/41/2024								

5	Attached Doc	uments (unless previously su	bmitted)						
Home Bu	uilding Compen	sation Fur	nce:	Yes □	No□	NA□				
Owner b	uilder Permit:			Yes □	No□	NA□				
6	Commencem	ent Date								
The build	The building work described above is intended to commence on:									
Note: must be not less than 2 business days after the date from the notice										
7	Applicant det	ails								
Compan	pany Name (if applicable):									
ABN / ACN:										
Position:										
First Name:										
Last Name:										
Email:										
Note: At least one contact phone number must be supplied.										
Mobile:		Н	lome:	Busine	ess:					
Postal Address Shop /Unit / Street No.:										
Street Na	ame:									
Suburb / Town / Village / Locality:										
State:	Postcode:									
8	Applicant's d	eclaration	n Owner/person h	aving ben	efit of deve	lopment				
 In submitting this notice – I declare all the information I have provided is true and correct. I have met all conditions of the Development Consent or the Complying Development Certificate that must be complied with prior to the commencement of work. I have notified the principal contractor of all inspections required to be carried out by the principal certifier in respect of the building work as listed in the Appointment of Principal Certifier letter 										
Applicant signature:										
Date:										
Lodgement details										
You can lodge the completed application by										
Email: council@shoalhaven.nsw.gov.au or In parcon. Council offices at Bridge Rd. Newro or Decring St. Ulledulle										
In person: Council offices at Bridge Rd, Nowra or Deering St, Ulladulla.										