

## (SD-FO-245) AGREEMENT FOR CERTIFICATION WORK

### DETAILS OF CERTIFYING AUTHORITY

Griffith City Council  
1 Benerembah Street (PO Box 485)  
GRIFFITH NSW 2680  
Telephone 02 6962 8100  
Email: [admin@griffith.nsw.gov.au](mailto:admin@griffith.nsw.gov.au)

Accredited Certifiers:  
Anthea Crack BPB 2482  
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David Tamlyn BPB 1261

### INSURANCE DETAILS

Statewide Mutual Liability Scheme – 000736 – Valid to 30 June 2021 (Anthea, Royce & David)  
Contractor Details:

### CLIENT DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

### PARTICULARS OF CERTIFICATION WORKS (please tick)

- |                                                              |                                                                                             |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Issue of a compliance certificate   | <input type="checkbox"/> Act as Principal Certifying Authority                              |
| <input type="checkbox"/> Issue of a construction certificate | <input type="checkbox"/> Issue of a Complying Development Certificate                       |
| <input type="checkbox"/> Issue of an occupation certificate  | <input type="checkbox"/> Issue certificate of compliance / non-compliance for swimming pool |

### PARTICULARS OF DEVELOPMENT

Description: \_\_\_\_\_  
Address: \_\_\_\_\_  
Lot & DP: \_\_\_\_\_

### IS THIS WORK SUBJECT TO ANY RELEVANT DEVELOPMENT CONSENT OR CERTIFICATE

- |                                                                      |                             |
|----------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes - If yes, please complete the following | <input type="checkbox"/> No |
| <input type="checkbox"/> Development Application                     | Approval No: _____          |
| <input type="checkbox"/> Construction Certificate                    | Certificate No: _____       |
| <input type="checkbox"/> Complying Development Certificate           | Certificate No: _____       |

Name of the consent authority for the above: \_\_\_\_\_

Please list particulars of any plans, specifications or other documents the subject of any consent related to the above

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### INSPECTIONS

Inspections shall be carried out by one of the accredited certifiers listed at the top of the page, subject to availability and level of accreditation. The accredited certifiers employed or engaged by Council may change without notice prior to the completion of the certification works identified in this contract.

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### FEES AND CHARGES

As per Current Revenue Policy

Unforeseen contingencies or additional inspections will be charged in accordance with Council's current Revenue Policy. Any invoice for such is to be paid within 21 days after the completion of that work.

### EXECUTION OF CONTRACT

Date of Contract: \_\_\_\_\_

Print name (Client): \_\_\_\_\_

Signature (Client): \_\_\_\_\_

Print Name (Certifying Authority): \_\_\_\_\_

Signature (Certifying Authority): \_\_\_\_\_