FORM
TRIM 14/32969

(SD-FO-240) NOTICE OF INTENTION TO COMMENCE WORK

NOTICE TO

Name
GRIFFITH CITY COUNCIL

Address
PO BOX 485

Suburb or town
GRIFFITH

State
NSW

Postcode
2680

SECTION A Development details

Address

Description of the building work or subdivision work

SECTION B. Development consent (DA)

Name of council

DA number/identifier

Date DA issued

SECTION C. Construction certificate (CC)

Name of certifying authority

CC Number/Identifier

Date of CC

SECTION D. Complying development certificate

Name of certifying authority

CDC Number/identifier

Date of CDC

SECTION E. Details of principal contractor/owner builder

☐ Principal contractor ☐ Owner builder – permit number

Name

Address

Phone

Email

SECTION F. Compliance with conditions (this statement must be completed for the council as the PCA)

I,
(insert name of council accredited certifier)

confirm that all conditions of the above development consent that are required to be satisfied prior to the work commencing have been satisfied

Signed
(by the accredited certifier acting on behalf of the council)

Date

SECTION G. Notice of commencement

The building/subdivision work described above is intended to commence on*
Note*: Must be not more than 2 business days from the date of the notice

SECTION H. Details of person giving notice*

Name (the person having the benefit of the CC)

Address

Phone

Email

Signature

Date

Note*: This person is responsible for giving this Notice to the council