

# Building Information Certificate – Unapproved Works



Document Number:

Section 6.24 of the Environmental Planning and Assessment Act 1979 for whole/part of the building identified below

Application Number \_\_\_\_\_

Owner Details:			
Ms/Mr/Mrs/ Other (please circle)	Given Name(s)		Surname
Street Address			
Mailing Address (if different)			
Daytime Telephone No. (Home/Work)		Mobile No.	
Email Address		Fax No. (Home/Work)	

Applicant Details:			
Company Name (if applicable)			
Street Address			
Mailing Address (if different)			
Contact Person			
Daytime Telephone No. (Home/Work)		Mobile No.	
Email Address		Fax No. (Home/Work)	

Property Details				
Lot No(s)		Section		DP/SP Number
Unit No.		Street No.	Street	
Suburb				Postcode

Applicant's Signature		
	Date	___ / ___ / _____

## Privacy Statement

The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website.

**Eastgardens Customer Service Centre**  
Westfield Eastgardens  
152 Bunnerong Road  
Eastgardens NSW 2036, Australia  
ABN 80 690 785 443 Branch 004

**Rockdale Customer Service Centre**  
444-446 Princes Highway  
Rockdale NSW 2216, Australia  
ABN 80 690 785 443 Branch 003  
DX 25308 Rockdale

Phone 1300 581 299  
T (02) 9562 1666 F 9562 1777  
E [council@bayside.nsw.gov.au](mailto:council@bayside.nsw.gov.au)  
W [www.bayside.nsw.gov.au](http://www.bayside.nsw.gov.au)

Postal address: PO Box 21, Rockdale NSW 2216



Telephone Interpreter Services - 131 450

Τηλεφωνικές Υπηρεσίες Διερμηνέων

بخدمة الترجمة الهاتفية

電話傳譯服務處

Служба за преведување по телефон

Owner's Consent			
I/We consent to the making of this application			
Owner(s) Surname 1		Given Name(s)	
Property Owner's Signature		Date	___ / ___ / _____
Owner(s) Surname 2		Given Name(s)	
Property Owner's Signature		Date	___ / ___ / _____
Owner(s) Surname 3		Given Name(s)	
Property Owner's Signature		Date	___ / ___ / _____

Building Details									
What type of Building is it?									
<input type="checkbox"/>	Dwelling	<input type="checkbox"/>	Outbuilding	<input type="checkbox"/>	Factory	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Office
<input type="checkbox"/>	Institution	<input type="checkbox"/>	Warehouse	<input type="checkbox"/>	Other				
<b>Please note:</b> a Fire Safety Certificate must be applied for all applications except for Dwellings and Outbuildings									
Building Status									
<input type="checkbox"/>	New Building			<input type="checkbox"/>	Existing Building				
New buildings require all certificates to be attached relating to the conditions of consent and any further certificates Council may consider necessary									
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, Certificate No.		Date	___ / ___ / _____		
Do you want a Certificate for all of the Building?									
<input type="checkbox"/>	Yes (all of the building)		<input type="checkbox"/>	No, just part	If yes, which part?				
Describe the type of work that has been done?									
Total Floor Area for which the certificate will be issued									
What is the cost of works for the development									

Access Details	
Name	Phone No.
Access Instructions (if any)	

Applicant/Agent Declaration			
I have read and understood the information in this application form and I give my consent to Bayside Council to make this application (including all supporting documents, plans and specifications for any residential part of this application) available for public view at Council's offices and via Council's website. I acknowledge that Council will make this information available in accordance with Section 12(1) of the NSW Local Government Act 1993 and the Government Information (Public Access) Act 2009.			
Name.			
Signature		Date	___ / ___ / _____
Position / Capacity If not Applicant			

Building Certificate – Unapproved Development Checklist		Yes	N/A	Office Use
1	Has this application form been signed by all owners of the land?	<input type="checkbox"/>		<input type="checkbox"/>
2	Have plans been provided with the completed works detailed and coloured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the site plan show?	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Scale & North point	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Street name & number	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Site dimensions	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Boundary setbacks	<input type="checkbox"/>		<input type="checkbox"/>
	▪ All structures on site	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Adjacent building/properties	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Any trees on the property, on Council land adjacent to the property or on any adjoining property within 5 metres of the proposed development.	<input type="checkbox"/>		<input type="checkbox"/>
4	Do the floor plans clearly illustrate:	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Figured dimensions of proposed work	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Layout of proposed development	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Internal walls/partitions & room names for use	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Location of stairs & levels	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Calculations of all existing & proposed floor area in m <sup>2</sup>	<input type="checkbox"/>		<input type="checkbox"/>
5	Have elevations & sections been provided showing?	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Levels for new dwellings/buildings & first floor additions	<input type="checkbox"/>		<input type="checkbox"/>
	▪ External finishes	<input type="checkbox"/>		<input type="checkbox"/>
	▪ Heights - including, for 2 or more stories, the maximum ridge height & natural ground level to ceiling height using reduced levels related to Australian Height Datum (AHD) of adjacent buildings	<input type="checkbox"/>		<input type="checkbox"/>
6	Has a current Survey Plan with Survey Report been provided?	<input type="checkbox"/>		<input type="checkbox"/>
7	Has a Stormwater Drainage Plan been provided?	<input type="checkbox"/>		<input type="checkbox"/>
8	Have Notifications Plans been supplied showing site & elevations including neighbouring buildings?	<input type="checkbox"/>		<input type="checkbox"/>
9	Has Development Approval been granted for these building works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Has a Structural Engineer's Certification for Works As Constructed been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Have all plans and documents been provided on a USB or CD in accordance with Council's File Naming Convention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Office Use Only – Development Advisory Service</b>			
<b>Unapproved Works Fee Table</b>			
Area of development	Bayside East		Bayside West
Description of Unapproved Work			
Was development consent issued for the works undertaken?	Yes	Application No.: _____ Date Approved: ___ / ___ / _____	
	No – raise DA fee	Cost of works: \$ _____ Tree inspection required: <u>Yes / No</u> Footpath inspection fee: <u>1 / 2 / 3</u> Advertising fee required: <u>Yes (AF5) / No</u>	
Was a construction certificate issued for the works undertaken?	Yes	Application No.: _____ Date Approved: ___ / ___ / _____	
	No – raise CC fee	Cost of works: \$ _____ Type of development: <u>Domestic / Non domestic</u>	
Notification required:	Yes		No
Notification type:	Single dwelling / dual occupancy (NF1)	Alts & Adds, demo, CoU of heritage item (NF2)	Townhouse / villa (NF3)
	Up to 3 storey RFB (NF4)	Highrise RFB (NF5)	Other major (NF6) – <i>Rockdale only</i>
	CoU commercial in residential (NF7)	Commercial alts & adds (NF8)	Restricted premises (NF9) – <i>Rockdale only</i>
Number of inspections required – circle type of development or provide no.	New residential dwelling	Modification at ground floor	Modification at first floor
	First floor addition	Dual occupancy	Swimming pool
	Non habitable building class 1 & 10	Com / CoU – Building Surveyor to quote: _____	Officer advised number of inspections – quote: _____
<b>Building Certificate Fee Table</b>			
Class of Development	1 or 10		2-9
If class 2-9 – floor area in m <sup>2</sup>			
<b>Officer notes</b>			
Checked by:		Date	___ / ___ / _____

<b>Office use only – Customer Service</b>			
Receipt No:		Date:	___ / ___ / _____
Total Fees received:	\$ _____		
Checked by:		Date:	___ / ___ / _____