

# Occupation Certificate Application Form

Document Number:



## Section 6.9 of the Environment Planning & Assessment Act 1979

Before an Occupation Certificate can be issued, Council must be satisfied that:

- A Development Consent or Complying Development Certificate is in force
- A Construction Certificate has been issued
- You must attach the final or interim Fire Safety Certificate unless this is for a class 1a or class 10 building
- You must attach other outstanding certificates as required

## Associated Development

|               |                   |                       |                |
|---------------|-------------------|-----------------------|----------------|
| DA/CDC Number | _____/_____/_____ | Date of Determination | ____/____/____ |
|---------------|-------------------|-----------------------|----------------|

## Applicant Details: Please only complete **either** Section A – Private OR Section B - Company

### Section A – Applicant Details - Private

|                                      |                  |                        |  |
|--------------------------------------|------------------|------------------------|--|
| Ms/Mr/Mrs/<br>Other (please circle)  | Given<br>Name(s) | Surname                |  |
| Street Address                       |                  |                        |  |
| Mailing Address (if different)       |                  |                        |  |
| Daytime Telephone No.<br>(Home/Work) |                  | Mobile No.             |  |
| Email Address                        |                  | Fax No.<br>(Home/Work) |  |

OR

## Applicant Details: Please only complete **either** Section A – Private OR Section B - Company

### Section B – Applicant Details - Company

|                                      |                        |
|--------------------------------------|------------------------|
| Company Name (if applicable)         |                        |
| Street Address                       |                        |
| Mailing Address (if different)       |                        |
| Contact Person                       |                        |
| Daytime Telephone No.<br>(Home/Work) | Mobile No.             |
| Email Address                        | Fax No.<br>(Home/Work) |

## Property Details

|           |            |              |
|-----------|------------|--------------|
| Lot No(s) | Section    | DP/SP Number |
| Unit No.  | Street No. | Street       |
| Suburb    | Postcode   |              |

## Applicant's Signature

|                       |      |
|-----------------------|------|
| 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.

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

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

**T 1300 581 299 | 02 9562 1666**  
**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

خدمة 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          | ___ / ___ / ____ |

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

| Development Details  |  |      |                  |           |
|--|--|------|------------------|-----------|
| Why are you applying for this certificate?                 |  |      |                  |           |
| <input type="checkbox"/>                                   | To enable occupation of a new building, or new additions to an existing building |      |                  |           |
| How was the building authorised?                           |  |      |                  |           |
| DA Consent No.   |  | Date | ___ / ___ / ____ | Issued By |
| Const Cert No.   |  | Date | ___ / ___ / ____ | Issued By |
| <b>OR</b>  |  |      |                  |           |
| Complying Cert No  |  | Date | ___ / ___ / ____ | Issued By |
| <input type="checkbox"/>                                   | To enable a change of use to an existing building                                |      |                  |           |
| How was the change of use authorised?                      |  |      |                  |           |
| DA Consent No.   |  | Date | ___ / ___ / ____ | Issued By |
| <b>OR</b>  |  |      |                  |           |
| Date of State Environmental Planning Policy No. 4 approval |  |      | ___ / ___ / ____ |           |

| Building Details   |                  |                          |             |                          |
|--|------------------|--------------------------|-------------|--------------------------|
| What type of Building is it?   |                  |                          |             |                          |
| <input type="checkbox"/>   | Dwelling         | <input type="checkbox"/> | Outbuilding | <input type="checkbox"/> |
| <input type="checkbox"/>   | Institution      | <input type="checkbox"/> | Warehouse   | <input type="checkbox"/> |
| <input type="checkbox"/>   | Factory          | <input type="checkbox"/> | Shop        | <input type="checkbox"/> |
| <input type="checkbox"/>   | Residential Flat | <input type="checkbox"/> | Office      | <input type="checkbox"/> |
| <b>Please note:</b> a Fire Safety Certificate must be applied for all applications except for Dwellings and Outbuildings |                  |                          |             |                          |

| Certificate Details  |                           |                          |               |                         |
|--|---------------------------|--------------------------|---------------|-------------------------|
| Is this an Interim or Final Certificate?                               |                           |                          |               |                         |
| <input type="checkbox"/>   | Interim                   | <input type="checkbox"/> | Final         |                         |
| Has a Final already been issued?                                       |                           |                          |               |                         |
| <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 | Which part?             |
| What is the total floor area for which the certificate will be issued? |                           |                          |               |                         |

**Certificate Details Cont.**

Are you applying for a Staged Occupancy?

|                          |     |                          |    |                      |  |
|--------------------------|-----|--------------------------|----|----------------------|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, which stage? |  |
|--------------------------|-----|--------------------------|----|----------------------|--|

Have all conditions of the Development Consent been satisfied?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Are you applying for a Security or Bank Guarantee, Footpath Damage Deposit or any other security deposit to be released?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Have you discussed this application with a Council Officer?

**Declaration**

I apply for an Occupation Certificate for the building referred to in this application. I declare that all the information given is true and correct.

|                       |  |      |                   |
|-----------------------|--|------|-------------------|
| Applicant's Signature |  | Date | ___ / ___ / _____ |
|-----------------------|--|------|-------------------|

|                          |     |                          |    |                     |  |
|--------------------------|-----|--------------------------|----|---------------------|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, who was it? |  |
|--------------------------|-----|--------------------------|----|---------------------|--|

**Payment Details**

|                 |    |      |            |
|-----------------|----|------|------------|
| Office use Only | \$ | Date | Receipt No |
|-----------------|----|------|------------|