

"Comfortable Country Living"

## **Occupation Certificate Application**

(Section 109C(1)(c) AND 109h, Environmental Planning & Assessment Act 1979)

Bogan Shire Council P.O. Box 221 Nyngan, NSW 2825 Ph: (02) 6835 9000 Fax: (02) 6835 9011

Office Use Only					
OC No.:					
Date Received:					

The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 (PPIP Act). The supply of the information by you is not voluntary but is required by the Environmental Planning & Assessment Act, and in accordance with such Act and the Local Government Act, is required to be contained in a Public Register to which the public has right of access. This personal information may be supplied under certain circumstances to other public sector agencies e.g. Australian Bureau of Statistics, Australian Taxation Office, in accordance with the PPIP Act or Council's Privacy Management Plan or your right of access to your personal information held by Council or its amendment.

or your	right of access to your personal information h	eld by Coun	cii or its amend	ament.				
Part	:1	Type of Occupation Certificate Sought						
† †	Interim Certificate Final Certificate	FOR			ccupation hange of			uilding an existing building
Part	2	Site and Applicant Details						
1.	Location of the development		H	louse No.		Propert Name	y/Building	·
		Street						
		Town/V	illage/Local	lity				
2.	Land title description  We need this to correctly identify the land	Lot(s)	ed Plan(s)			Secti	on	
		Other				Strata	a Plan	
3.	Your (the Applicant's) name	Title	† Mr		† Mrs	†	Ms	† Miss
	If you represent a company, please appl / in the company's name. State your position under the "Title – Other".	Surnam	† Dr e Given		† Other:			
		names Company Contact person						
4.	Your postal address							
5.	Your contact details	Phone (BH) Fax						

6. Development Consent Number / Complying Development Certificate Number / Complying Development Certificate Number (CDC / / Date Determined CDC / / Date Determined Determined Determined Determined Determined CDC / / Date Determined CDC / /	Pa	art 3	Details of D	Development Approval & Building			
BCA Classification For Change of use, what was the existing BCA Classification.  Part 4  Signatures  9. Are you the owner of the land?  10. Applicant's declaration Before signing, make sure you have adhered and compileted all application questions on this form.    Lapply for approval to carry out the development described in this application, and I declare the to the best of my knowledge and belief, the information supplied is correct and compilete. I also defended and compilete all application questions on this form.    Lapply for approval to carry out the development described in this application, and I declare the to the best of my knowledge and belief, the information supplied is correct and compilete. I also the public to obtain extracts of the application will be available to be accessed that:  - Personal information, provided on/with this application will be available to be accessed to the public to obtain extracts of the application and of certain accompanying documentation.  - I am not entitled to copyright and an taken to have indemnified all persons using the application and documents in accordance with the Act against any claim or action in respect to the application and compliance.  Applicant's Signature  Applicant's Signature  Applicant's Signature  Applicant's Signature  Applicant's Signature  Applicant's Name  Capacity, if not Applicant  - The application and an accordance of the property to perform inspections associated with its processing, determination and compliance.  4 So owner of the above property, lwe consent to this application and grant permission for—  11. Consent of all Land  Owners to lodge this application  - The application and an accordance with the property to perform inspections associated with the development, make application for associated construction certificate(s), make application of any subsequent approval; and other permission for associated construction certificate(s).  - make application for associated construction certificate(s).  - make application for associated	6.	Complying Development Cert Number / Construction Certif	tificate icate Number	CDC/ Date Determined			
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			Owner(s) Signa	ture(s):			

Date:

Part	5	Submission Checklist			
12.		Occupation Certificate Application must be accompanied the following documents:	Yes	N/A	Office Use Only
		Copy of Development Consent or Complying Development Certificate	t	†	†
		Construction Certificate (where relevant)	t	†	†
		Fire Safety Certificate (Final or Interim) must be submitted for all class 1b and 2 to 9 building	<sub>js</sub> †	†	†
	• A	Any relevant compliance certificates	†	†	†
		<ul> <li>A copy of the current BASIX certificate and statement for a suitably qualified personthat the BASIX commitments have been incorporated into the development.</li> </ul>	t	†	†
		Other supportive certificates as required (e.g. termite, glazing, smoke alarm, waterproofing, structural and fire safety installation certificates etc.)	†	†	+

## LODGEMENT INFORMATION **HOW TO LODGE YOUR APPLICATION** Mail Lodge in person **How to Contact Us** 8.30am and Phone: (02) 6835 9000 Address the application to: Between 4.00pm at Council's Office Fax: (02) 6835 9011 General Manager Bogan Shire Council **Bogan Shire Council** E: admin@bogan.nsw.gov.au W:www.bogan.nsw.gov.au PO Box 221 81 Cobar Street NYNGAN NSW 2825 NYNGAN NSW 2825 Office Hours: **Payment Methods by Mail** \*Please note: You may need to spend 8.00am to 4.30pm\* Cheque or Credit Card (complete some time with an Environmental the section below) **Fees** Department Officer prior to or when submitting your application. This may take up to 30m minutes, however this Fees are in accordance with can depend on the complexity of your Council's adopted fees and charges. application. Please note: a formal fee quotation **Payment Methods in Person** must be obtained from Cash, Cheque, Credit Card and/ or Development and Environment **EFTPOS** Department prior to acceptance of your application. If you require further information regarding this request, please contact Council on (02) 6835 9000. **CREDIT CARD PAYMENT AUTHORITY CREDIT CARD PAYMENT DETAILS** □ BANKCARD Card holder phone Number: □ MASTERCARD Number: 1 1 1 □ VISA **CCV Number:** NAME ON CARD: **EXPIRY DATE:** SIGNATURE:

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Form No. BOG0018 22 August 2017 Page **4** of **4**