

OBERON COUNCIL

PO BOX 84, OBERON NSW 2787 TELEPHONE (02) 6329 8100 FAX (02) 6329 8142 e-mail: council@oberon.nsw.gov.au

Notice of Commencement of Building or Subdivision works.

Application number		Responsible Officer	
		(Council use only)	
Property File No		Related files	
(Council use only)			
OWNER OF LAND			
OWNER OF LAND	Name:		
SUBJECT LAND			
	Property N	ame:	
Address	No.	Street:	
Address	NO.	Sileet.	
	Lot(s):		Section:
	DP(s)		
	Locality:		
DESCRIPTION OF DEVELOPMENT As per Development Consent			
	□ Ві	ilding work.	
TYPE OF WORK	☐ Su	ıbdivision work.	
Consent			
CONSENT Development Application Number			
☐ Development Application			
Development Application Number			
Development Application Number Date of Determination Complying Development			
Development Application Number Date of Determination Complying Development Certificate No. Date of Determination			
Development Application Number Date of Determination Complying Development Certificate No.			
Development Application Number Date of Determination Complying Development Certificate No. Date of Determination			
Development Application Number Date of Determination Complying Development Certificate No. Date of Determination CONSTRUCTION CERTIFICATE			
Development Application Number Date of Determination Complying Development Certificate No. Date of Determination CONSTRUCTION CERTIFICATE Certificate Number	Oberor	n Council	



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COMPLIANCE WITH THE DEVELOPMENT	☐ Yes	
CONSENT/COMPLYING DEVELOPMENT CERTIFICATE	□ No	
If yes	I have attached the following relevant information to enable commencement of work:	
	 Payment of all relevant Section 94 Contributions (as per conditions of Consent) 	
Commencement of work is NOT to commence on site unless these items have been satisfied.	Attached an authorised copy of the relevant Building Insurance as required by the Home Building Act 1989.	
	☐ The following provisions have been provided to the site:	
	☐ On-Site Toilet	
	☐ Principal Contractors or Owner Builders Sign	
	☐ Sedimentation and erosion Control Measures	
	☐ Onsite garbage/ waste facility.	
	☐ Pre-commencement inspection has been booked with Council staff (48hrs Notice – 2v and 1c Zones only)	
	All the conditions of consent, required to be satisfied prior to the commencement of work, have been satisfied.	
	☐ Details of the Licensed plumber to be provided to Council	
	Name:	
	Address:	
	License No:	
DATE WORK TO COMMENCE		
SIGNED BY APPLICANT(S)		
Please indicate Capacity (eg. owner, architect, builder, consultant, agent, other)		
Date	1 1	
Space for further explanation of your p	proposed development.	