



Coastline Building Certification Group P/L

2/47 Greenway Drive
Tweed Heads South NSW 2486
PO Box 243 Banora Point NSW 2486
Ph: 07 5523 2629
Fax: 07 5523 2722

Application for Construction Certificate

Application No.: _____

Date Received: _____

Applicant's Details

Name(s) _____

Address _____

Town _____

Postcode _____ Phone _____

Fax _____ Mobile _____

Email _____

Signature

Date _____

Owner's Details (All owner's details required)

Name(s) _____

Address _____

Town _____

Postcode _____ Phone _____

Fax _____ Mobile _____

Email _____

I/We hereby appoint either of the following Accredited Certifiers Mark Thomas, Andrew Duggan or B S Oakes as the Principal Certifying Authority for the purposes of undertaking required inspections and issuing Complying Development, Compliance and Occupation Certificates

Signature(s)

Builder's Details

Name _____

Postal Address _____

Licence No _____ Phone _____

Fax _____ Mobile _____

Property Details

Street _____

Locality _____

Lot No(s) _____ DP No(s) _____

Sec No _____ House No. _____

For Office Use Only

Home Building Act Insurance

INSURANCE UNDER PT. 6 HOME BUILDING ACT	
Certificate of Insurance has been sighted	<input type="checkbox"/>
Owner Builder No. sighted	<input type="checkbox"/>
No insurance is required in respect of the building work	<input type="checkbox"/>
CERTIFIED BY:	

Long Service Levy

Paid
Amount: \$ _____ Rec: _____ Date: _____

Not Required _____

Chemical Closet Fee

Paid
Amount: \$ _____ Rec: _____ Date: _____

Not Required _____

