

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
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APPLICATION FOR BUILDING CERTIFICATE

Under Section 149B of the Environmental Planning and Assessment Act 1979

PART A - APPLICANT DETAILS

Applicant's Name: _____

Applicant's Address: _____

The Applicant is:- (please tick appropriate box)

- (a) The Owner of the land on which the Building is erected; or
- (b) The purchaser under a contract for sale of property that comprises or includes the building or part, or by the purchaser's solicitor or agent (Council requires a contract of sale); or
- (c) A public authority that has notified the owner of its intention to apply for the certificate; or
- (d) A person having the consent in writing of the owner of the building or part.

Signature: _____ Date: _____

PART B - CONSENT OF OWNER

Owner's Name: _____

Owner's Address: _____

Signature: _____ Date: _____

Note: The consent in writing of all owners of the building or part is necessary unless the applicant is a person referred to in Part (a), (b), or (c).

PART C - IDENTIFICATION OF BUILDING

Location: Street: _____ Side of Street: _____

House No./Unit No./ or name: _____ Nearest Cross Street: _____

Particulars: Type of Building: _____ Whole/Part: _____

Floor area of building or part: _____ Description of Part: _____

Description of Land: Lot No: _____ Section: _____

Lease No and type of holding (is Crown Land): _____

District, town or village: _____

County: _____ Parish: _____

Note: A Surveyor's Certificate will be required.

PART D - PAYMENT OF FEES

Class 1 or 10 Building: **\$250.00** (for each dwelling contained in the building or any other building on the allotment)

Others under 200 m² floor area: **\$250.00**

Others 200 m² -2000 m² floor area: **\$250.00 plus 50 cents/m² over 200 m²**

Others exceeding 2000 m² floor area: **\$1,165.00 plus 7.5 cents/m² over 2000 m²**

Additional inspection: **\$138.00**

Note: Please enclose payment of prescribed fee.

OFFICE USE ONLY

Register No: _____ ID: _____ Fee: _____

Receipt No: _____ Date: _____