CDC,	DA	or	CC	No

APPLICATION FOR AN OCCUPATION CERTIFICA

This form should be submitted to Council a minimum of 48 hours prior to requesting the interim or final inspection.

Please ring Council's Customer Service Team on (02) 6499 2222 to book the final inspection – Customer Service staff will advise which days inspections are carried out in your area.

1 SUBJECT LAND					
Location details Address (Street No. and Nam	e)				
Town/Loca					
Lot Numb	er Section DP				
2 APPLICANT'S DETAILS (must be owner/s or person having direct benefit of the consent or Complying Development Certificate)					
Applicant's (Owner/s) Name:					
Registered address: * Street or PO					
Town/Locality	Postcode				
Daytime contact details Phone	Mobile				
Email					
3 TYPE OF CERTIFICATE	SOUGHT				
Interim Occupation Certificate Final Occupation Certificate					
4 REQUIRED ATTACHMEN	TS WHERE RELEVANT				
 Waterproof Certificate for Wet Areas Glazing Certification Frame and Truss Detail/Certification Termite Protection Certificate (copy to BASIX Letter of Compliance Smoke Detector Certificate (Issued by Final Fire Safety Certificate or Interim I Works as executed Drainage Diagram 	,				
5 OWNER SIGNATURES					
Owner's Name/s					
Owners Address					
Phone Mob	le Email				



Signature of owner(s)

(Owner's Signature to consent to lodgement of application)

/ /

/

Date

Date