

Address this application to: The General Manager, Edward River Council		Contact us	
Mail PO Box 270 Deniliquin NSW 2710	Personal Delivery 180 Cressy Street Deniliquin NSW 2710	Phone Fax Email	03 5898 3000 03 5898 3029 council@edwardriver.nsw.gov.au

1. Applicant Details			
Applicant Name			
Phone		Email	

2. Approved Development Details			
Application Number		Approval date	
Address			
Description of Development			

Have all conditions of consent which are required to be satisfied prior to commencement of work been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Principal Certifying Authority	
<input type="checkbox"/> Council	<input type="checkbox"/> Private Certifier – details:

3. Date (This notice must be given to Council at least 2 (two) days before commencement of work)	
Date work is due to commence	

4. Home Building Act Requirements			
Builder / Owner-Builder Name			
Address			
Phone		Email	
Contact Licence or Owner-Builder Permit Number			
Copy of Builders Indemnity Insurance or Owner Builder Permit (if required) is attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

5. Signature (Applicant or Builder)	
Signature:	
Date	