

# Strata Subdivision Certificate Application

Expiry Date: 30 June 2019

## About this form

Use this form to apply for Strata Subdivision Certificate under the *Strata Schemes (Freehold Development) Act 1973* and the *Strata Schemes (Leasehold Development) Act 1986*.

**Before lodging this application** the owner of the property must enter into an 'Agreement for Certification Work' with Council pursuant to section 73A of the *Building Professionals Act 2005*.

## Lodgement and fees

Please follow the instructions on Page 2.

## Any questions

Phone Customer Service on (02) 9391 7000, or call in personally (see page 2)

## ▼ Applicant's details

### Your name, address and contact details

Title: Mr  Mrs  Miss  Ms  Other: .....

Family name: ..... Given name(s): .....

On behalf of (company name): .....

Address: .....

Suburb: ..... Post Code: .....

Postal address: (if different to above) .....

Suburb: ..... Post Code: .....

Telephone (B) (....) ..... Fax (....) .....

Telephone (H) (....) ..... Mobile: .....

## ▼ Application details

### Subject property

Address: .....

Suburb..... Post Code: .....

### Application

Number of lots to be created (proposed): .....

Number of utility lots to be created (proposed): .....

Has development consent been applied for and/or granted for the proposed strata subdivision as illustrated on the plan: .....

Development Application Number: .....

Encroachments (if any): .....

## ▼ Information to be supplied

### Please read

1. This form together with the original linen plan and five (5) copies.
2. A Development Application if *State Environmental Planning Policy No 10* applies to this property.

# Signature

## Owner's consent

I/we ..... being the owner or duly authorised by the owner of the land to which this application relates, consent to this request.

Signature of owner: ..... Date: .....

## Applicant's declaration

I am applying for Strata Title Subdivision as described in this application. I declare that all the information given is true and correct.

Signature of applicant: ..... Date: .....

Include company or Body Corporate Seal if applicable.

# How to lodge this application

**Address the application to:** The General Manager  
Woollahra Municipal Council

**You can send it to us by any of the following methods:**

**Post:** PO Box 61  
Double Bay 1360

**DX:** DX 3607 Double Bay

**Courier or personal delivery:** Council Chambers  
536 New South Head Rd  
Double Bay NSW 2028

**Contact us by phone, fax or electronically**

**Phone:** (02) 9391 7000

**Fax:** (02) 9391 7044

**E-mail:** records@woollahra.nsw.gov.au

**Web:** www.woollahra.nsw.gov.au

**Fees**  
The fees for this service are \$1,180.00 Administration fee, plus \$300.00 per lot created in excess of two.

**Payment methods**

In Person

Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card – American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

By Mail

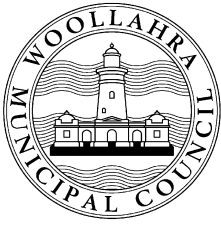
For credit card payments, please complete the attached "Credit Card Payment" form.

For cheque payments, please make payable to Woollahra Council.

# Privacy notification

The personal details requested on this form are required under the *Strata Schemes Act 1973 & 1986* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

		<b>OFFICE USE ONLY</b>		
To be completed by Council's Cashier and Customer Service Officer. GST may be applicable (refer receipt) <i>Retain your receipt as proof of lodgement of the application.</i>  <input checked="" type="checkbox"/> Receiving Officer: ..... Date: ..... <input checked="" type="checkbox"/> Cashier: ..... Date: .....		Fee Amt	Receipt Code	
		Strata Subdivision Application Fee	\$1,180.00	538
		Fee per lot created in excess of two (2)		538
		<b>TOTAL</b>		



# Agreement for certification work for the determination of an application for a Strata Subdivision Certificate

Under s73A of the *Building Professionals Act 2005*, an accredited certifier must not carry out certification work for a person unless the certifier, or their employer, has entered into a written agreement with the person. This form, when signed by both parties, forms the agreement between you and the Council for the provision of certification services in determining an application for a Strata Subdivision Certificate under the *Strata Schemes (Freehold Development) Act 1973* or *Strata Schemes (Leasehold Development) Act 1986*.

## A. Parties to the Agreement

Woollahra Municipal Council **(the Council)**

Address: 536 New South Head Road Double Bay NSW 2028

Telephone: (02) 9391 7000

Email: records@ Woollahra.nsw.gov.au

AND

..... **(the Client)**

Address:.....

Phone (B) (.....)..... Fax (.....) .....

Phone (H) (.....) ..... E-mail:.....

## B. Persons who may carry out the certification work and inspections

Certification work and inspections under this Agreement may be carried out by any of the following employees of the Council subject to the terms of their accreditation:

Officers Name	Accreditation Level	Registration No:
Glenn Lawrence BRIGGS	A1 – Accredited Certifier	BPB0947
Richard Alan SMITH	A1 – Accredited Certifier	BPB1916
Craig Norburn JENNER	A1 – Accredited Certifier - Conditional	BPB1691
Timothy John TUXFORD	A1 – Accredited Certifier - Conditional	BPB1627
Harley John FEE	A2 – Accredited Certifier - Conditional	BPB1669
Konstantine RAISSIS	A3 – Accredited Certifier	BPB1601
Ayman TAWFILS	A3 – Accredited Certifier - Conditional	BPB1405

Any other employee of Woollahra Municipal Council with appropriate accreditation under the *Building Professionals Act 2005* or with the appropriate authority and delegations of the Council.

## C. Certification work to be performed

The certification work to be performed under this agreement is the provision of certification services in determining an application for a Strata Subdivision Certificate under the *Strata Schemes (Freehold Development) Act 1973* or *Strata Schemes (Leasehold Development) Act 1986*.

**D. Services to be performed by the Council**

The Certifier or applicable Council officer will, on behalf of the Council, perform the following services:

- Assess and determine the subject application in accordance with the applicable statutory requirements.

**E. Fees and charges**

**Fixed fee agreement**

Council will undertake for a fixed fee all work involved in assessing, determining and finalising the application as set out in the Description of Services, including the costs of any service provided by a third party and any fees for obtaining or lodging documents, **except** for contingency items (if any) specified below.

Fixed fee for determination of application for strata subdivision certificate	\$ .....
Contingency items	Not applicable

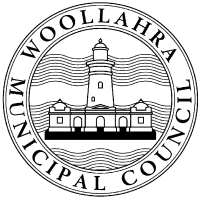
**Signatures**

.....

Signed/executed by or on behalf of the Council

.....

Signed/executed by or on behalf of the Client



# Credit Card Payment Form

**All credit card payment will incur a processing fee currently 0.55%**

Payments should be sent to: Woollahra Council  
536 New South Head Road  
DOUBLE BAY NSW 2028

OR

PO Box 61  
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

<b>Credit card payment</b>  <i>This matter will not be processed until the credit card payment has been authorised</i>	Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA																		
	Full Name on Credit Card																			
	Credit Card No.					--														
	Card Expiry Date			--			Total Amount Paid						\$							
	Cardholder's Signature																			
	Date							Contact Phone No.												

## Reason for payment

*Please indicate in this section the reason for the payment and any other applicable information.*

Payment For \_\_\_\_\_

Council Reference Eg. DA No.etc \_\_\_\_\_

Address (where applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIVACY NOTIFICATION** The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

<b>OFFICE USE ONLY</b>	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	