

LIVINGSTONE SHIRE COUNCIL**APPLICATION FOR APPROVAL TO CONSTRUCT****OFFICE USE ONLY**

DEVELOPMENT: ASSESSMENT NO:

SUBD/DEV APPROVAL DATE: APPLICATION FEES:

MODIFICATION DATES(s): DATE RECEIVED:

.....

APPLICANT: RECEIPT NO.:

APPLICANTS OR PRINCIPAL'S REPRESENTATIVE: FILE NO.:

.....

STAGE NO:

CONTACT TELEPHONE NO.:

ESTIMATED TOTAL COST OF WORKS:

1. NAME OF DESIGNER OR CONSULTANT

2. CONTACT PERSON:TELEPHONE NO.:

3. POSTAL ADDRESS:

4. WE/I HEREBY CERTIFY THAT THE DESIGN PLANS AND DOCUMENTATION SET OUT IN THIS APPLICATION HAVE BEEN PREPARED IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE AND COUNCIL'S TOWN PLANNING SCHEME, BY-LAWS AND POLICIES AND THE GUIDELINES FOR DEVELOPMENT WORKS EXCEPT AS PARTICULARLY NOTED IN OUR ACCOMPANYING WRITTEN SUBMISSION.

5. WE ENCLOSE HERewith THE FOLLOWING AS REQUIRED BY COUNCILS GUIDELINES FOR DEVELOPMENT WORKS:

(I) THIS APPLICATION FOR APPROVAL TO CONSTRUCT DULY SIGNED;

(II) SETS OF DESIGN DRAWINGS AND SETS OF SPECIFICATIONS AND WE NOTE THAT COUNCIL HAS THE RIGHT TO REQUIRE ADDITIONAL DETAILS SHOULD THIS BE DEEMED NECESSARY BY COUNCIL.

(III) COMPLETED ESTIMATE OF COST DETAILING QUANTITIES AND CONSTRUCTION RATES FOR ALL THE CIVIL WORKS SPECIFIED IN THE COUNCILS APPROVAL CONDITIONS;

(IV) COMPLETED AND SIGNED APPLICATION PRIMARY CHECK LIST

(V) PRESCRIBED FEE CALCULATED AS FOLLOWS:

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(VI) **ALL** TECHNICAL REPORTS SPECIFIED IN THE COUNCIL APPROVAL CONDITIONS AS FOLLOWS:-

- (a)(Final/Preliminary)
- (b)(Final/Preliminary)
- (c)(Final/Preliminary)
- (d)(Final/Preliminary)
- (e)(Final/Preliminary)

(Note: 2 copies for Final Report, 1 copy for Preliminary Reports)

(VII) OUR WRITTEN COVERING SUBMISSION ADVISING THE CURRENT STATUS OF EACH AND EVERY COUNCIL APPROVAL CONDITION, PLUS ADVISING ANY DEPARTURES FROM COUNCILS GUIDELINES FOR DEVELOPMENT WORKS AND EXPLAINING THE ASSUMPTIONS AND RATIONALE USED IN THE DESIGN PROCESS TO ASSIST IN THE COUNCIL DESIGN REVIEW.

(VIII) LETTERS OF APPROVAL FROM THE FOLLOWING RELEVANT AUTHORITIES AS SPECIFIED IN THE APPROVAL CONDITIONS:-

- (a)
- (b)
- (c)

6. WE/I ACKNOWLEDGE THAT IN ACCORDANCE WITH THE ACT SHOULD OUR APPLICATION BE FOUND TO BE SIGNIFICANTLY INCOMPLETE OR INCORRECT, COUNCIL SHALL RETURN THE ENTIRE SUBMISSION AND THE APPLICATION DEEMED NOT TO BE DULY MADE.

SIGNATURE

DATE

NAME OF SIGNATORY

POSITION

ON BEHALF OF

(Name of Designer)

RPEQ NO.

QA ACCREDITATION