

Date: 7/03/2019

Ref: OC18/341

General Manager

Blacktown City Council

PO Box 63, BLACKTOWN, NSW, 2148

OCCUPATION CERTIFICATE: OC18/341

Address: Lot 12, DP 855323, 5 Quail Road, Blacktown, NSW, 2148

Re: Construction of a secondary dwelling

Dear Sir / Madam,

United Building Certifiers provides this Occupation Certificate in accordance with the provisions of the Environmental Planning and Assessment Act 1979.

Please find enclosed the following:

- Occupation Certificate
- Copy of Application for Occupation Certificate
- Documentation for Occupation Certificate as outlined in Schedule 1

Should you have any questions, don't hesitate to contact the undersigned.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'L. Glavas'.

Luke Glavas

Accreditation No - 2462

Date: 7/03/2019

Ref: OC18/341

Aiaz Hussein

5 Quail Road, Blacktown, NSW, 2148

dishnetelectrical@gmail.com

OCCUPATION CERTIFICATE: OC18/341

Address: Lot 12, DP 855323, 5 Quail Road, Blacktown, NSW, 2148

Re: Construction of a secondary dwelling

Dear Sir / Madam,

United Building Certifiers P/L provides this Occupation Certificate in accordance with provisions of the Environmental Planning and Assessment Act 1979.

Enclosed is a copy of the Occupation Certificate including supporting documentation. A copy has been forwarded to the relevant local Council for their records.

Should you have any questions, don't hesitate to contact the undersigned.

Yours faithfully,



Luke Glavas

Accreditation No - 2462

OCCUPATION CERTIFICATE OC18/341

Issued under Part 4A of the Environmental Planning and Assessment Act 1979

Applicant Details

Contact Name: Aiaz Hussein

Contact Address: 5 Quail Road, Blacktown, NSW, 2148

Contact Number: 0439445733

Contact Email: dishnetelectrical@gmail.com

Relevant Consents

Local Government Area: Blacktown City Council

CDC/CC Number: CDC18/341

Date Issued: 28/08/2018

Proposal

Address of Development: Lot 12, DP 855323, 5 Quail Road

Blacktown, NSW, 2148

Zone: R2

Building Classification: 1a

Scope of Works:

Construction of a secondary dwelling

Value of Building Works: \$119,296.00

Supporting Documents: Schedule 1

Exclusions: nil

Certifying AuthorityAccredited Certifier: Luke GlavasAccreditation Body & Registration No.: Building Professionals Board 2462

I, Luke Glavas, as the certifying authority, certify that a current development certificate is in force for the building the building is suitable for occupation or use in accordance with its classification under the Building Code of Australia

Signature  Date 7/03/2019

Inspections that were carried out:

| Inspection Date | Inspection Type | Inspection Result | Inspected by |
|-----------------|---------------------|-------------------|------------------|
| 3/07/2018 | Prior to CC/CDC | Satisfactory | Luke Glavas 2462 |
| 16/10/2018 | Piers & Footings | Satisfactory | Luke Glavas 2462 |
| 17/10/2018 | Slab steel | Satisfactory | Luke Glavas 2462 |
| 1/11/2018 | Frame | Satisfactory | Luke Glavas 2462 |
| 6/12/2018 | Waterproofing | Satisfactory | Luke Glavas 2462 |
| 19/02/2019 | Stormwater | Satisfactory | Luke Glavas 2462 |
| 19/02/2019 | Final | Unsatisfactory | Luke Glavas 2462 |
| 28/02/2019 | Final re-inspection | Satisfactory | Luke Glavas 2462 |

SCHEDULE 1: Supporting Documents

| Title | Document Date |
|-----------------------------------|---------------|
| OC Application Form | 16/12/2018 |
| Basix Completion Receipt | 7/03/2019 |
| Structural Engineering | 26/10/2018 |
| Termite Protection | 22/10/2018 |
| Final Survey | 22/11/2018 |
| Builder Certificate of Compliance | 13/02/2019 |
| Concrete & Reinforcing | 20/10/2018 |
| Electrical Services | 20/02/2019 |
| Glazing - Shower Screens | 8/02/2019 |
| Glazing - External | 12/12/2018 |
| Plumbing Compliance | 9/01/2019 |
| Smoke Alarm | 20/02/2019 |
| Wet Area Waterproofing | 10/12/2018 |
| Structural Engineering (slab) | 31/10/2018 |

Application for an OCCUPATION CERTIFICATE

Information for the Applicant

- This form may be used to apply for:
 - a final occupation certificate to authorise the commencement of occupation or use of a new building, or
 - an interim occupation certificate to authorise the commencement of occupation or use of a partially completed new building.
- Once completed, submit this application form to the principal certifying authority (PCA).

SECTION A. Type of occupation certificate applied for

Please tick one of the following certificates

☐ Interim occupation certificate ☐ Final occupation certificate

SECTION B. Details of the Applicant*

**An application for an occupation certificate may only be made by a person who is eligible to appoint a PCA for the development. An application may not be made by the person who carried out the building work or subdivision work unless that person owns the land on which the work was carried out.*

Contact Name Aiaz Hussein

Daytime Telephone 0439445733

Address 5 Quail Road, Blacktown, NSW, 2148

Email Address dishnetelectrical@gmail.com

SECTION C. Details of building

Lot No. Lot 12

DP/SP No. DP 855323

Flat/Street No. 5

Street Name Quail Road

Suburb or Town Blacktown

Post Code 2148

SECTION D. Description of the building or part of building to which the application relates

If the application relates to a new use of the building or part of the building, also describe the new use.

Construction of a secondary dwelling

SECTION E. Building classification under the Building Code of Australia, as identified by the complying development certificate

1a

SECTION F. Signature of Applicant(s)


Signature of Applicant(s)

Amant Hussein
Name(s)

16/12/18
Date

SECTION G. Date of Receipt of Application

FOR OFFICE USE ONLY:

To be completed by the certifying authority **immediately** after receiving this Application.

This application was received on __/__/__

BASIX Completion Receipt

Receipt no.: CR-LLYTO6KK-951917S

This receipt is confirmation that the certifying authority identified below has satisfied the requirements of clause 154C of the Environmental Planning and Assessment Regulation 2000 for the development described in the 'BASIX Certificate details' section below.

Secretary

Date of issue: Thursday, 07/03/2019



Planning &
Environment

Principal certifying authority

Name: Luke Glavas
Accreditation scheme: BPB
Accreditation number: 2462


Final Inspection

Date of final inspection: Thursday, 28/02/2019

BASIX Certificate details

| | |
|-----------------------|--------------------------------------|
| BASIX Certificate no. | 951917S |
| Project name | Granny Flat - 5 Quail Road Blacktown |
| Street address | 5 Quail Road |
| Suburb | Blacktown |
| Postcode | 2148 |
| Local Government Area | Blacktown City Council |

Certificate of Compliance

| | |
|--|---|
| 1. Client Project information | <div>Client Name</div> <div>Rescon Builders Pty Ltd</div> <div>Client Project Number</div> <div></div> |
| 2. Site address and details All property details. | <div>Street address <i>(Include lot no., street, suburb/locality & postcode)</i></div> <div>5 Quail Road</div> <div>BLACKTOWN NSW</div> <div>Postcode 2148</div> <div>Plan details <i>(Engineer, Drawing numbers & sheet numbers)</i></div> <div>Nastasi & Associates / 14804 / Sheets S1 – S7</div> |
| 3. Scope of Work for Compliance | <div>Scope of the work covered and subject of the certification: <i>(tick)-</i></div> <div> <input checked="" type="checkbox"/> Methods used for installation comply with Ideal Foundations Site Installation Procedure Manual November 2017 Edition </div> <div> <input checked="" type="checkbox"/> Constructed in accordance with plans and specifications issued by above. </div> <div>Other <i>(provide details e.g. scarifying etc.)</i></div> <div></div> |
| 4. Installation Details | <div>Ideal Job Number</div> <div>36105-RES</div> <div>When was the installation started?</div> <div>Date 16.10.18</div> <div>When was the installation completed?</div> <div>Date 16.10.18</div> |
| 5. Declaration Full details and signature of the responsible person will need to be provided to verify that the work covered complies with <i>Ideal Foundations Site Installation Procedure Manual November 2016 Edition</i> . | <div>I hereby state that the work has been completed in compliance with the above Engineering Plans and <i>Ideal Foundations Site Installation Procedure Manual November 2016 Edition</i> and constructed in accordance with the relevant plans and specifications as supplied to Ideal Foundations for the works and that the information provided in this form is a true and accurate record.</div> <div>Company Name</div> <div>IdealCorp Pty Limited</div> <div>Licence Number</div> <div>174174C</div> <div>Phone Number</div> <div>(02) 9725 5522</div> <div>Fax Number</div> <div>(02) 8786 6300</div> <div>Address</div> <div>16-18 Sammut Street</div> <div>Smithfield</div> <div>Postcode 2164</div> <div>Authoriser's Name – Miles Opacic (Company Officer)</div> <div>  Authoriser's Signature </div> <div>Date</div> <div>26.10.18</div> |

Certificate No: **2270**.....

TERM-seal (AUST) Pty Ltd



In accordance with AS 3660.1-2000 and damp-proofing to BCA Clause F1.9 (Vol. 1) or P2.2.3 (Vol. 2) TERM-seal Systems comply to the performance requirements BP1.1, BP1.2 and FP1.5 (Vol.1-class2-9 buildings) and P.2.1 & P.2.3 Vol. 2-class 1-class 10 buildings housing Provision) of the BCA and meets the requirements of clause P 2.1 (QLD.) (Vol. 2-class 1 and class 10 buildings of BCA (2007)

IMPORTANT INFORMATION This "Subterranean Termite Management Systems Certificate of Installation in accordance with AS 3660.1-2000" (hereinafter called "The Certificate") is issued subject to the Terms & Conditions set out in Clause A.1 of this document.

OWNERS NAME:**BUILDERS NAME** (which may be same as above): **RESCON BUILDERS PTY LTD****SITE ADDRESS:** **5 QUAIL RD, BLACKTOWN NSW** **POST CODE:** **2148****METHOD OF TERMITE MANAGEMENT** This Certificate confirms the installation of a management system(s).**Date the work was completed:** **22/10/18****Details of termite barrier(s) installed****Penetrations** – Number protected
Method used**6 PIPE COURSES**

(Locations marked on the plan)

0**Construction Joints** – Method used**N/A**

(Locations marked on the plan)

TERM-seal Perimeter treatment: TERM-seal Ura-Fen ☐TERM-seal PRM ☐TERM-seal Multi-Purpose ☐TERM-seal Ura-Fen Shield TDM ☒**39 UM**

(Locations marked on the plan)

X**TERM-seal multi-purpose wall treatment****N/A**

(Locations marked on the plan)

Details of other barrier systems installed**N/A**

(Locations marked on the plan)

Maintenance – Specify additional requirements**MUST INSPECT YEARLY**

Additional Notes (Include any limitations to the installation of the barrier or the ability to maintain or inspect, which may have occurred due to the design or construction of the building or the requirements of the client)

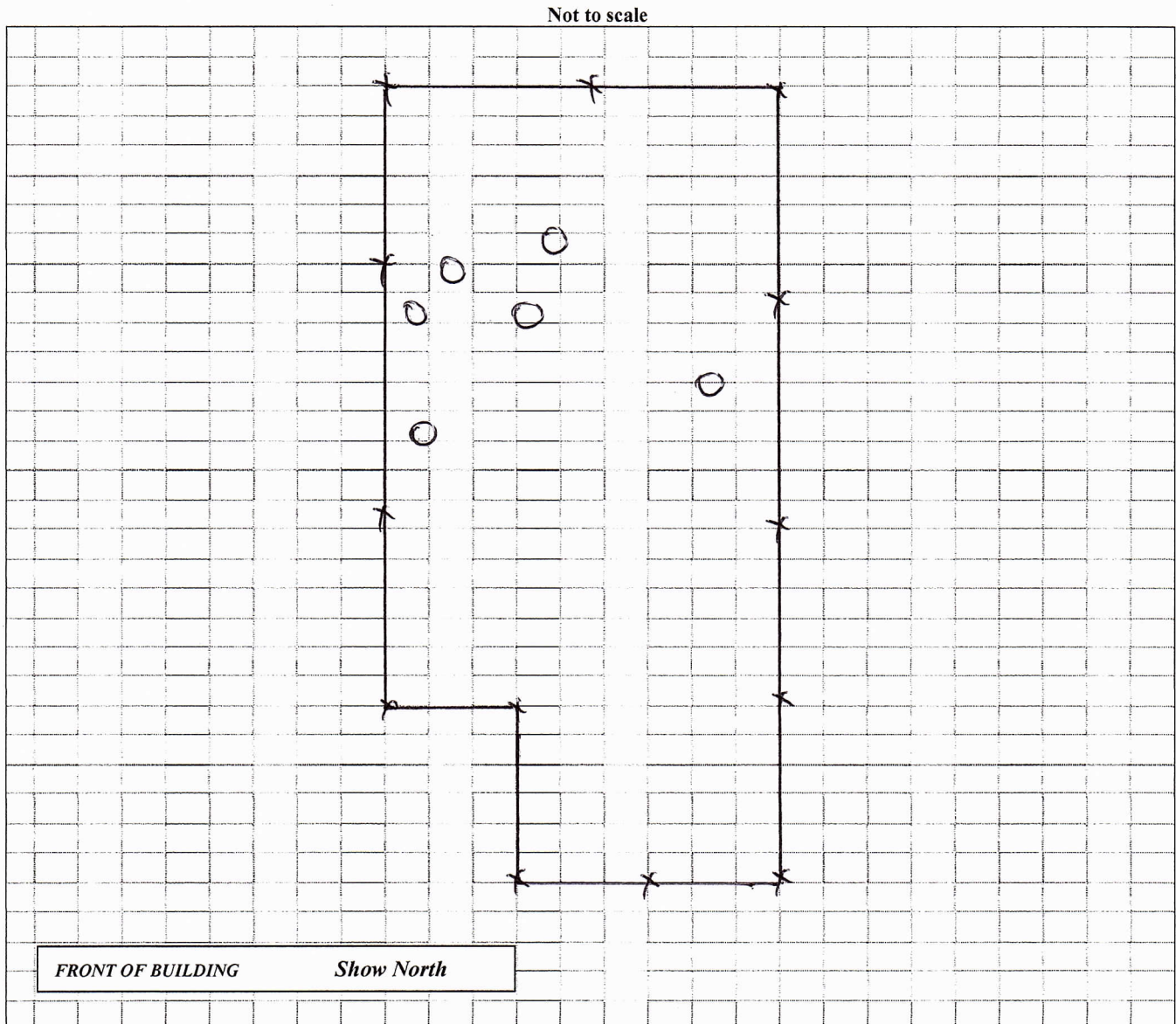
TERM-seal cavity perimeter system has provided the damp-proof course of masonry walls where it is installed ☐TERM-seal multi-purpose system has provided: Termite proofing only ☒Termite/ damp-proofing ☐Termite/Waterproofing ☐ to walls or retaining walls where it is installed

TREATMENT NOTICE The notice that complies with the BCA requirements of Clause B1.3 (i)(ii) (Vol. 1) or Part3.1.3.2(b) (Vol. 2) advises the Building Owner or others that a termite management system(s) has been installed.

A durable notice has been permanently fixed to: **ELECTRICAL METER BOX**

INSPECTIONS As no guarantee of the success of termite procedures can be given (see Clause A.1, Limitation No. 2) regular inspections are essential. **At least annual inspections are recommended to help detect termite activity.**

Site Diagram – Show all Construction joints, penetrations, cavity installations and back filled/Internal/ walls treated at the property (include all relevant information).



LEGEND (include any symbols or abbreviations): TERM-seal Active System ☐ TERM-seal Passive System ☐
 Penetrations: TERM-seal Collars ☐ TERM-seal Sealant ☐ Other Barrier systems ☐ **PIPE COLLARS TO**
 Construction joints: Internal ☐ External paths/patios ☐ Other Integrated
 TERM-seal cavity treatment: TERM-seal Ura-Fen ☒ TERM-seal PRM ☐

CERTIFICATION This document certifies that the installation of TERM-seal subterranean termite management systems described in this Certificate have been carried out in accordance with Australian Standard AS 3660.1-2000.

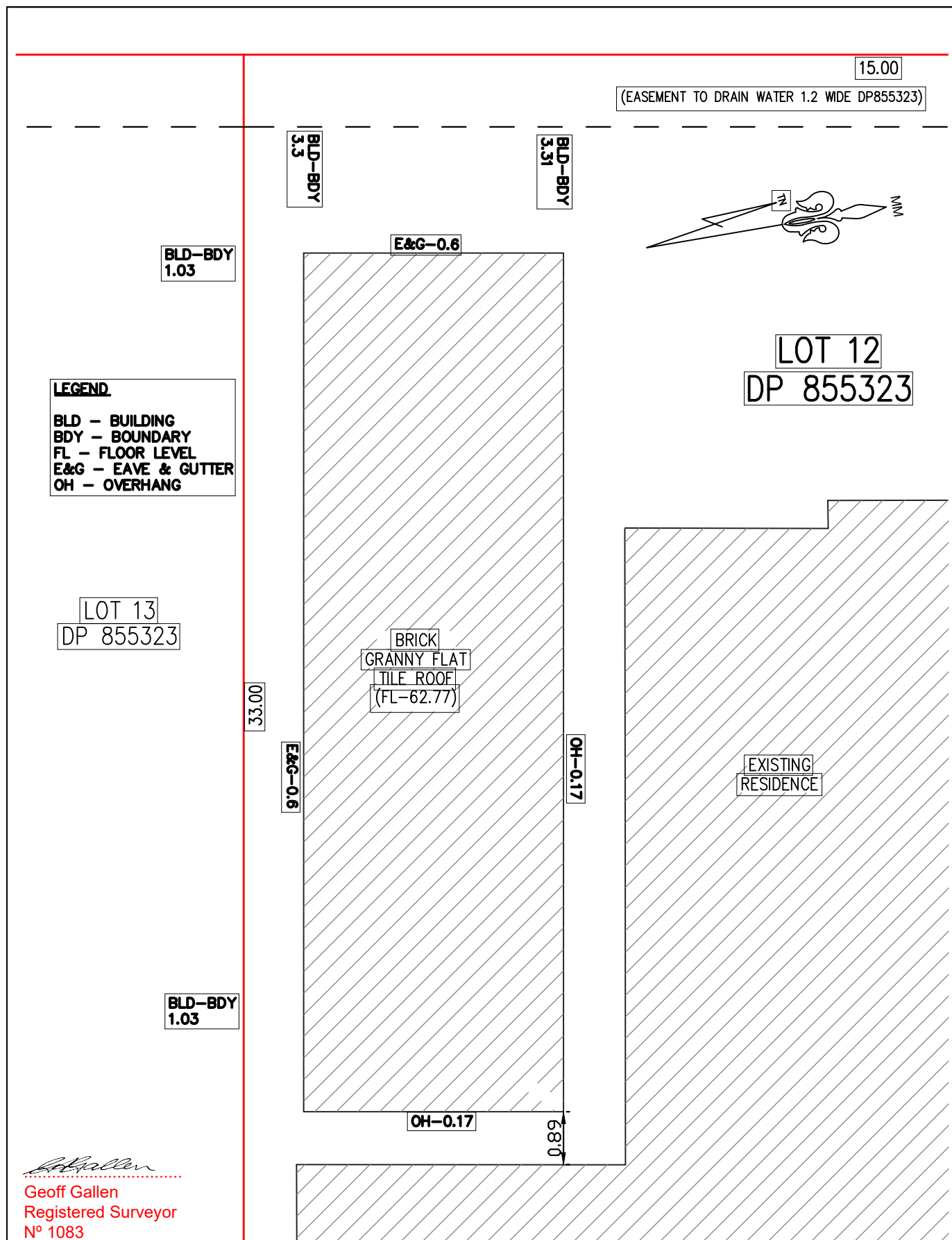
COMPANY NAME (where applicable): **Knock-Down Pest Control**


NAME OF INSTALLER : **Anthony Harb** **TERM-seal ACCREDITATION No** **TS 1922**

ADDRESS: **PO Box 111, Belmore NSW** **POST CODE** **2192**

PHONE: **9703 2667** **FAX:** **9703 2668** **MOBILE:** **0416 200 900**

AUTHORISED SIGNATORY: **AH** **DATE OF ISSUE** **22/10/18**



| | | |
|--|------------------------------------|----------------------------|
|  TSS TOTAL SURVEYING SOLUTIONS ARTARMON CAMDEN MANLY VALE | SURVEY REPORT SKETCH | DRAWING No: 182361_A |
| | CLIENT: RESCON | DATE OF SURVEY: 22/11/2018 |
| | PROJECT: FINAL IDENT OC | SCALE: NTS |
| | ADDRESS: 5 QUAIL STREET, BLACKTOWN | SHEET 1 OF 1 |

Builder Certificate of Compliance

This letter is to certify that all works have been completed in accordance the relevant approval documentation for the job site:

Job Site: 5 Quail Road, Blacktown

1. **Roof Covering** has been installed to BCA 2015 Part 3.5.1; and Australian Standards AS1562.1-1992, AS 2049-2002 & AS 2050-2002
2. The installation of **insulation** has been built in accordance to BCA 2015 Part 3.12, Australian Standards AS4859.1-2002; Manufacturers Specifications; and Basix Certificate and commitments forming part of the Complying Development Certificate approval.
3. The construction of external doors, windows, roofs, floors and walls have been **sealed** and compliant with BCA 2015 Part 3.12.3
4. The building work has been completed in accordance with the **BASIX** certificate # 951917S associated with the above-mentioned job site address.

Signed By: Stella Cocaro / Operations Manager

Signature:



Dated: 13th February 2019

CONCRETE & REINFORCING COMPLIANCE CERTIFICATE

BUILDING ADDRESS:

5 Quail St Blacktown

BUILDING DESCRIPTION:

Granny flat

AREA OF BUILDING (ENTIRE OR PART)

Concret Slab

Pursuant to the provisions of Part 1.2 Clause 1.2.2 (a) (iii) of the Building Code of Australia 2016 Volume 2;

I/We (name) MARY BARILLARO of (Company) MIS CONCRETE PIL
hereby certify that the concrete and reinforcing members have been inspected during the course of construction
and have been completed in accordance with the following Performance Standards:

BCA 2016 Part 3.2.3; and

Australian Standards AS 3600-2009 and AS 2870-2011

I/We also confirm that:

I am an appropriately qualified person and have a good working knowledge of the relevant codes and standards
reference above;

I certify that the monolithic concrete slab has been thoroughly compacted to ensure maximum density and
strength to eliminate all voids and constructed so that any cracks passing through the slab or footing do not
exceed 1mm in width through the depth of the slab.

I have completed the abovementioned works in accordance the Construction Certificate/Complying Development
approval documentation.

Additional comments

Completed

The information contained in this Certificate is to the best of my knowledge and belief, true and accurate.

Signed:



Name:

MARY BARILLARO

Qualifications/
Licence No.

Q46764C

Date:

20/10/18

CUSTOMER DETAILS

| | | | | |
|--------------|-------------------------------------|----------|-------------------|--|
| Name | Aiaz Hussein | | Telephone Contact | |
| Site Address | GRANNY FLAT 5 QUAIL RD BLACKTOWN | | Meter No: | |
| Cross Street | | Postcode | NMI (Mandatory) | |

INSTALLATION WORK DETAILS Indicate the type of installation and types of work performed under this Notice

| | | | | | |
|----------------------|---|---------------------------------------|---|------------------------------------|---|
| Type of Installation | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Rural | <input type="checkbox"/> Other |
| Special Conditions | <input type="checkbox"/> over 100 amps | <input type="checkbox"/> High Voltage | <input type="checkbox"/> Hazardous Area | <input type="checkbox"/> Generator | <input type="checkbox"/> Unmetered Supply |

CERTIFICATE MUST BE ISSUED TO THE CUSTOMER FOR ALL ELECTRICAL WORK

Work of the following type must ALSO be notified to the **ELECTRICITY DISTRIBUTOR (DNSP)**

| | |
|--|---|
| <input checked="" type="checkbox"/> New Installation | <input type="checkbox"/> Network connection or metering |
| <input type="checkbox"/> Additions or alterations to a switchboard or associated equipment | <input type="checkbox"/> Defect Rectification No: |

DETAILS OF EQUIPMENT

Describe the equipment and estimate load increase of the work affected by this Notice.
If insufficient space attach separate sheets.

| EQUIPMENT | RATING | No. | PARTICULARS OF WORK |
|--|--------|-----|--|
| <input checked="" type="checkbox"/> Switchboards | | | ROUGH IN / FIT OUT |
| <input checked="" type="checkbox"/> Circuits | | | |
| <input checked="" type="checkbox"/> Lighting | | | UNDERGROUND SUB-MAIN |
| <input checked="" type="checkbox"/> Socket-outlets | | | |
| <input type="checkbox"/> Appliances | | | |
| Estimated increase in load A/ph | | | <input type="checkbox"/> Increased load is within capacity of installation/service mains |
| <input type="checkbox"/> Work is connected to supply | | | <input type="checkbox"/> Work is not connected to supply pending inspection by DNSP |

The work has been carried out
or supervised by:

MARK ABON-MEHREZ

Licence No:

251976

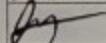
TEST REPORT

Indicate the relevant tests and checks that have been performed on the work.
If test records are provided attach as separate sheets.

| | |
|--|---|
| <input checked="" type="checkbox"/> Earthing system integrity Ω | <input checked="" type="checkbox"/> Residual current device operation |
| <input checked="" type="checkbox"/> Insulation resistance M Ω | <input checked="" type="checkbox"/> Visual check that installation is suitable for connection to supply |
| <input checked="" type="checkbox"/> Polarity | <input type="checkbox"/> Stand-alone power system complies with AS 4509 |
| <input checked="" type="checkbox"/> Correct circuit connections | <input type="checkbox"/> Fault loop impedance (if necessary) |

I confirm that I have carried out the above tests and visually checked that the installation work described in this Certificate complies with AS/NZS 3000 and is suitable for its intended use.

Name: MARK ABON-MEHREZ

Signature: 

Licence No:

251976

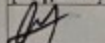
Date of Testing:

20/2/19

CERTIFICATION

I, the Electrical Contractor give notice to the Customer and (Name of DNSP or OFT), that the work described in this Certificate has been completed in accordance with the Electricity (Consumer Safety) Regulation 2006

Name: MARK ABON-MEHREZ

Signature: 

Address: 18 POTTER ST OLDTOWN ABBIE

Licence No:

251976

Date of Notice:

20/2/19

Telephone No.
or Other Contact

0410 624114

ELECTRICITY DISTRIBUTOR (DNSP) REMARKS

Inspected by: _____ Date: _____

Comments: _____

Instyle Shower Screens Pty Ltd
SHOWER SCREEN GLAZING COMPLIANCE CERTIFICATE

BUILDER/OWNER BUILDERS NAME: RESCON BUILDERS

BUILDING ADDRESS: 5 QUAIL ST,
BLACKTOWN, NSW, 2148.

BUILDING DESCRIPTION: GRANNY FLAT/ SECOND DWELLING

Pursuant to the provisions of Clause A 2.2 (a) (iii) of the Building Code of Australia 2015 Volume 2;

I/We Michael Hilder of Instyle Shower Screens Pty Ltd hereby certify that we have completed the installation of glazing nominated below for the abovementioned building in accordance with the following Performance Standards:

- BCA 2015 Clause B1.4; and
- Australian Standards AS1288-2006 and AS2208-1996


The following **Shower Screen Glazing** has been inspected following installation and have been completed in accordance with the above mentioned Standards of Performance.

I/We also certify that:

- The installation of glazing achieve a satisfactory result.
- I am an appropriately qualified person and have a good working knowledge of the relevant codes and standards reference above.
- I have completed the abovementioned works in accordance the approved Construction Certificate documentation.

Additional comments

The information contained in this Certificate is to the best of my knowledge and belief, true and accurate.

 Name: Michael Hilder

Signed:

Director Date: 08.02.2019

Position:

Completion Certificate – Glazing

COMPLIANCE CERTIFICATE AS2047-2014 & AS1288-2006

12th December 2018

Rescon Builders Pty Ltd
Suite 103 F78b 24-32 Lexington St
Bella Vista NSW 2153

RE: 1228978 Quail Road 5 Blacktown

This is to confirm that the windows and doors supplied by Trend Windows & Doors Pty Limited ("Trend") to the above job were manufactured to comply with AS2047-2014 and glazed in accordance with AS1288-2006 as per details supplied to Trend Windows at the time of order.

Details of any warranty applicable to the above products are available from Trend's website - www.trendwindows.com.au/terms.html.

Yours faithfully



Mark Smith
SALES MANAGER



20 Fifth Avenue
Macquarie Fields, NSW 2564
Phone: 0420 903 211
E-Mail: james@jdbplumbingservices.com.au
Web: www.jdbplumbing.com.au
License number 244949C

Wednesday 9th January 2019

To whom this may concern

All Plumbing and storm water at 5 Quail road Blacktown have been laid in accordance to AS/NZS 3500 and to Nastasi and associates plan, dated 22/08/2018, job number 14804. Hot water system installed 02/01/18

James Bowie, Director

A handwritten signature in black ink, consisting of a stylized, cursive 'J' followed by a long, horizontal, slightly wavy line that extends to the right.

SMOKE ALARM CERTIFICATE

Job address: 5 QUAIL RD BLACKTOWN (GRANNY FLAT)

Owner: Aiaz Hussein

Builder: Reson Builders

Date of testing: 20/2/19

Person testing: Mark Abou-Mehrez

This is a letter to certify that all smoke alarms that have been installed in the above noted address have been tested and work in accordance to rules AS/NZS 3000:2007 and AS3786-2012.

Smoke alarms are interconnected where there are 2 or more alarms.

We only supply and install these smoke alarms and do not manufacture.

Any queries please do not hesitate to contact the below mobile number.



Thanks

Mark Abou-Mehrez

Caiman Electrical Pty Ltd
0410 624 114

WET AREA WATERPROOFING COMPLIANCE CERTIFICATE

BUILDING ADDRESS:

5 Quail Rd Blacktown

BUILDING DESCRIPTION:

AREA OF BUILDING (ENTIRE OR PART)

Granny Flat

Pursuant to the provisions of Part 1.2 Clause 1.2.2 (a) (iii) of the Building Code of Australia 2015 Volume 2;

I/We (name) _____ Robbie Bartolillo _____ of (Company) _____ Emergence
Waterproofing _____ hereby certify that we have completed the installation of
waterproofing to the wet areas nominated below for the abovementioned building in accordance with the following
Performance Standards:

- BCA 2015 Clause 3.8.1
- Australian Standards AS3740-2010; and
- Manufacturers Specifications and approved test reports.

The following **Wet Areas** (tick box) have been inspected during installation and following completion and have achieved compliance in accordance with the above mentioned Standards of Performance.

| | | | |
|-----------------|--------------------------|---------------|-------------------------------------|
| Laundries | <input type="checkbox"/> | Bathrooms | <input checked="" type="checkbox"/> |
| Toilet Rooms | <input type="checkbox"/> | Ensuites | <input type="checkbox"/> |
| Balconies | <input type="checkbox"/> | Planter boxes | <input type="checkbox"/> |
| Retaining Walls | <input type="checkbox"/> | Other | <input type="checkbox"/> |

I/We also certify that:

- The waterproofing application is an accredited product in accordance with Part A2.2 of the BCA
- I am an appropriately qualified person and have a good working knowledge of the relevant codes and standards reference above.
- I have completed the abovementioned works in accordance the Complying Development approval documentation.

Additional comments

Villaboard on concrete. 32mm at door and 40mm angle at shower.

Signed:



Name:

Robbie Bartolillo

Qualifications/
Licence No:

222948c

Date:

10/12/2018



NASTASI & ASSOCIATES
Consulting Civil & Structural Engineers

31st October, 2018

Job No. 14804

Rescon Builders
Unit 9/2-8 Daniel St
WETHERILL PARK NSW 2164

Attention: Jocelyn Tannous

Re: 5 Quail Road, Blacktown

This is to certify that I have inspected the abovementioned property specifically the following:

1. Excavation & Reinforcing Steel for Wafflepod Slab on the 17th October, 2018

Subject to our inspections and the completion of site instructions, I confirm that all engineering aspects of the above items are in accordance with our drawings, specifications and pursuant to the provisions of part 4A Section 109C of the Environmental Planning and Assessment Act 1979 and part 8 section 138 of the regulations 2000 (Job No; 14804 - Sheet S1 to S6 - Issue B - Dated 11th October, 2017) and therefore structurally adequate.

This certification shall not be construed as relieving any other party of their responsibilities, liabilities or contractual obligations

SIGNED

SAM NASTASI – B.E M.I.E AUST CpEng Nper-3
Accredited Certifier (Structural & Civil) No BPB0289