PLEASE RETURN TO COUNCIL AT LEAST <u>2 DAYS</u> <u>PRIOR</u> TO CONSTRUCTION COMMENCING

As required under the Environmental Planning and Assessment Act 1979 Section 6.6

Email to: council@nambucca.nsw.gov.au (preferred)

OR post to		The General M Nambucca Vall PO Box 177 MACKSVILLE	ey Coun	
Construction Certif	icate No:			_
Land Description:	Lot & DP:			
	Street:			
	Town:			
Applicant's Signatu	ıre:			
Name (please PRIN	Т):			
Commencement da	te of works:			
Please comple	te ONE o	f the follow	ing:	
Name of Builder:				
Builder's License N	umber:			
Please include	copy of H	ome Owners V	/arrants	/ Insurance (if required)
OR				
Owner Builder Cert	ificate No:			
Please include	a copy of	your Owner-Bı	uilder C	ertificate