Application for a Compliance Certificate



REQUEST FOR (please tick relevant box below):

OFFICE USE ONLY:

- Certificate of Design Compliance (BA3 Form)
 Western Australian Building Act 2011, s.19 Building Regulations 2012, r.17
- Certificate of Construction Compliance (BA17 FORM)
 Western Australian Building Act 2011, s.56 Building Regulations 2012, r.4
- Certificate of Building Compliance (BA18 FORM)
 Western Australian Building Act 2011, s.57 Building Regulations 2012, r.36

Pool Barrier Inspection Certificate

Western Australian Building Act 2011, s.36(2)a Building Regulations 2012, r.28

1. Property Details									
Lot	t no	Unit no.	Street no.	Street	Name		Suburb		
Local Government Area (if different from Permit Authority):									
2. Details of Building Work									
Project Name (if any):									
Description of the Building/s and Building Work:									
Main Use of Building/s:									
New Use of Building/s: (if applicable)									
3. Nature of Building Work									
	Residen	itial		Strata		Built Strata			
	Comme	rcial		Industrial		Unauthorised			
	Swimmi	ing pool/spa		Change of use/convention		Other (please spec	ific):		
	Patio/Ca	arport		Fit out					
Value of Building Work (incl. GST): \$									

4. Owner Details							
OWNER 1 NAME:							
Postal Address:							
Email Address (please print clearly):							
Phone: (W)	(M)						
Signature:							
OWNER 2 NAME:							
Postal Address:							
Email Address (please print clearly):							
Phone: (W)	(M)						
Signature:							
If you are authorised to sign on behalf of the owner please provide legal authorisation. COPY PROVIDED: YES D NO D							
5. Building Contractor Details (for Certificate of Construction Compliance)							
Builder's Name (as shown on register of builders):							
Postal Address:							
Email Address (please print clearly):							
Phone: (W)	(M)	Fax:					
Registration Number or Owner-Builder Approva If you are an Owner-Builder, please attach an o		g Service Board YES □ NO □					
Name (print):							
Signature:		Date:					
6. Applicant	t Details (if Different to Owne	r)					
Applicant's Name:							
Postal Address:							
Email Address (please print clearly):							
Phone: (W)	(M)	Fax:					
Signature:							