

# CERTIFICATE OF LIKELY COMPLIANCE

Section 67

Form **11**

To:  Owner /Agent  
 Address  
  Suburb/postcode

## Applicant / Owner/ Owner builder details:

*Note: Only an owner or agent of the owner may make an application*

**Owner:**  Contact person:   
Address:  Phone No:   
  Fax No:

**Owner builder:** Yes:  (*X if applicable*) Registration number:   
Names:  Contact person:   
Contact address:  Phone No:   
  Fax No:   
Email address:

**Agent:**  Contact person:   
Address:  Phone No:   
  Fax No:   
Email address:

*Note: Agents to be authorised in writing by the owner*

## Building Surveyor details:

From:  Category:   
Address:  Phone No:   
  Fax No:   
Accreditation No:  Email address:

## Details of building work:

Address:  Lot No:   
  Certificate of title No:   
Type of work:  (*new building / alteration / addition / repair / demolition / removal / re-erection / other*)  
Use of building:  (*main use*) Building class:

**Accredited Building Practitioner details:**

<b>Architect - Designer:</b>	<input type="text"/>	Category:	<input type="text"/>
Business name:	<input type="text"/>		
Business address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Accreditation No:	<input type="text"/>	Email address:	<input type="text"/>
<b>Building - Designer:</b>	<input type="text"/>	Category:	<input type="text"/>
Business name:	<input type="text"/>		
Business address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Accreditation No:	<input type="text"/>	Email address:	<input type="text"/>
<b>Engineer - Designer:</b>	<input type="text"/>	Category:	<input type="text"/>
Business name:	<input type="text"/>		
Business address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Accreditation No:	<input type="text"/>	Email address:	<input type="text"/>
<b>Services - Designer:</b>	<input type="text"/>	Category:	<input type="text"/>
Business name:	<input type="text"/>		
Business address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Accreditation No:	<input type="text"/>	Email address:	<input type="text"/>
<b>Builder:</b>	<input type="text"/>	Category:	<input type="text"/>
Business name:	<input type="text"/>		
Business address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Accreditation No:	<input type="text"/>	Email address:	<input type="text"/>

**Certificate details:**

In considering this application the following documents and matters were taken into account (s62 & s66) -

	<i>Details:</i>	<i>Prepared by:</i>
Required documents: (s62)		
Required certificates: (s62)		
Required Reports: (s63)		
Food Premises Verification Analysis:		
Certificates provided:		
Notifications by FCA: (s64)		
If historical or farm building:		
Relevant permit or consent requirements under other Acts:		

This certificate is granted subject to the following conditions -

*Conditions:*

*Origin:*

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The following mandatory notification stages apply to this building work –

*(X applicable one.)*

Covering in the foundations:

Other: *(Specify)*

Pouring structural concrete:

Cladding or building-in structural frame:

Completing the building work:

*(X if applicable.)*

Building work referred to in this certificate has been assessed as an alternative solution under the BCA

*Details of alternative solution:*

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I certify that after assessment of the application submitted to me, I am satisfied that the building work to which this certificate applies is likely to comply with the Building Code of Australia and the *Building Act 2000*.

Building Surveyor: 

<i>Signed:</i>
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<i>Date:</i>
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<i>Certificate No.</i>
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