

# Certiplan

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**APPLICATION FOR A FINAL OCCUPATION CERTIFICATE**   
**APPLICATION FOR AN INTERIM OCCUPATION CERTIFICATE**

Date Received...../...../.....

**PLEASE PRINT**

APPLICANTS NAME ADDRESS PHONE NO.	
OWNER / S NAME  PHONE NO.  LOCATION OF DEVELOPMENT	LOT            DP            NO. STREET LOCALITY
COMPLYING DEVELOPMENT NO.  DATE OF CONSENT	DATE OF COMPLETION OF WORKS
APPLICANTS SIGNATURE	
IN WHAT CAPACITY ARE YOU SIGNING (OWNER, BUILDER)  DATE	
PLEASE ADVISE IF ACCESS IS AVAILABLE OR AN APPOINTMENT WILL BE REQUIRED	<b>Attachments</b> <input type="checkbox"/> Copy of DA or Complying Development Certificate <input type="checkbox"/> Copy of Construction Certificate <input type="checkbox"/> Copy of Fire Safety Certificate <input type="checkbox"/> Copy of Compliance Certificate <input type="checkbox"/> Copy of relevant Basix Certificate

**This application must be delivered by hand, sent by post or transmitted electronically , not by fax**