

Notice of Completion

*Western Australian Building Act 2011 section 33
Building Regulations 2012, regulation 4*

OFFICE USE ONLY

Reference number

Permit authority

1. Property this notice relates to

Property street address

Unit no	Level	Street no	Lot no	Street name	
Suburb				State	Postcode

Permit number

2. Notification

1. I am the builder/demolition contractor named on building permit/demolition permit.
2. The building work/stage of building work/demolition work has been completed in accordance with the conditions of the building permit/demolition permit.
3. The work I have completed complies with the plans and specifications specified in the applicable certificate of design compliance (applies to building permits only).
4. I attach a copy of each certificate for each inspection or test mentioned in section 25(3)(h) (applies to building permits only).

Completion details

Building work Stage of building work Demolition work

Date of completion

Builder/demolition contractor's name

Postal address

PO Box or street address Suburb State Postcode

Email address

Phone/fax

Phone Fax Mobile

Registration/ licence number

(If applicable)

Builder/demolition contractor's signature

Name (print)

Signature

Date

3. Inspections and tests completed		Evidence attached?
Dates and types of inspections (provide inspection certificates)	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and types of tests (provide test certificates)	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7.	<input type="checkbox"/> Yes <input type="checkbox"/> No