

COMPLYING DEVELOPMENT CERTIFICATE INFORMATION DOCUMENT

- ☒ COMPLYING DEVELOPMENT CERTIFICATE
☒ PRINCIPAL CERTIFIER
☒ STATE ENVIRONMENTAL PLANNING POLICY (EXEMPT & COMPLYING DEVELOPMENT) 2008
☐ STATE ENVIRONMENTAL PLANNING POLICY (TRANSPORT AND INFRASTRUCTURE) 2021

Under Sections 4.27, 4.28, 4.29, 4.30 of the of the Environmental Planning and Assessment Act 1979, and Clause 120 of the Environmental Planning and Assessment Regulations, 2021

PROJECT ADDRESS / SITE ADDRESS DETAILS

Address: 16A Emporium Avenue, Kemps Creek NSW 2178

Lot No, DP, SP, vol/ fol. etc Lot113 DP1278027

APPLICANT (TENANT or OWNER)

Company Name:

Telstra Corporation Pty Ltd

Contact Name:

Kieran Phelan

Address:

16A Emporium Ave, Kemps Creek NSW

Post Code:

2178

Phone:

Mobile:

0408 285 395

Facsimile:

Email:

c/o leah.cleary@lendlease.com

Name of Applicant (in full)

Kieran Phelan

Signature of Applicant:

Date:

23/10/24

Furthermore, by completing this section I hereby confirm that I am not the Principal/Managing Contractor, Builder, Project Manager or Architect acting on the Applicants behalf in lodging the application.

CONSENT OF OWNER(S)

I / we as the owner/s of the above property engage and authorise Group DLA (NSW) Pty Ltd (RBC 00022) or Brett Clabburn, Justin Jones-Gardiner, Charles Slack Smith of Group DLA (NSW) Pty Ltd to provide the Complying Development Certification and to act as the Certifying Authority and Principal Certifier for the subject building works, and/or carry out site inspections. ~~Furthermore, by signing this owners consent I also authorise the builder / contractor or project manager to act on my behalf as the owners agent to make the declaration certifying the essential fire safety measures specified in the Fire Safety Certificate, in accordance with Clause 84 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2024.~~

Names(s) / Company:

BGMG 11 Pty Ltd (ACN 616 276 076) as Trustee of BGMG 1 Oakdale West Trust

Address:

1-11 Hayes Road, Rosebery, NSW 2018

Contact Numbers:

Phone:

+61 2 9230 7423

Mobile:

Facsimile:

Email:

sam.cale@goodman.com

Signature of Registered owner(s)

DocuSigned by:
Samantha Jane Evans

DocuSigned by:
Megan Kublins

Samantha Jane Evans and Megan Kublins
Signed by the attorneys of the Owner

30/10/2024 | 12:53 AEDT

Date

DESCRIPTION OF PROPOSED DEVELOPMENT				CDC No. GDL240391		
Internal refurbishment of an existing warehouse						
Existing use of site:	Office	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Warehouse	<input checked="" type="checkbox"/>
	Carpark	<input type="checkbox"/>	Industrial	<input type="checkbox"/>		<input type="checkbox"/>
Contracted cost of work:	\$	858,383	No. of storey's of building:	1		
		<i>Inc GST</i>	<i>(including underground storey's)</i>			
Note: Cost of works is the contract price, or if no contract is in place a genuine and accurate estimate, for all labour, material costs associated with any demolition or construction required for the development, including cost of construction of any building works and the cost of such things as installing the plant, fittings, fixtures and equipment, GST is to be included in this price.						
Site area of the land:	15,000	m ²	Gross floor area of building	11,000	m ²	11,000 m ²
			<i>(Existing)</i>		<i>(Proposed)</i>	

PROJECT MANAGEMENT (PRINCIPAL CONTRACTOR)	
The overall co-ordination and control of this project will be carried out by:	
Principal Contractor: <i>(Business Name)</i>	Lendlease Construction Pty Ltd
Contact: <i>(Full Name)</i>	Leah Cleary
Postal Address:	Level 14, Tower 3, 300 Barangaroo Ave, Barangaroo NSW 2000
Contact Number: <i>(Mobile Number)</i>	0457 806 341
Email Address:	leah.cleary@lendlease.com

ASBESTOS REMOVAL		
Does the proposal involve removal of any bonded asbestos?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If 'Yes' provide approximate area:	_____ m ²	
Important Note: If Yes is ticked above and more than 10m ² is proposed to be removed then a copy of the contract with the licenced Asbestos removal contractor is required as part of the CDC Application and is to include details to confirm compliance with Clause 152 of the Environmental Planning and Assessment Regulation 2021.		

FIRE SAFETY SCHEDULE TO APPLICATION FOR CERTIFICATION

Schedule of existing/proposed or modified Fire Safety measures
(for any existing building and the land on which it is situated)

Item No.	Measures	Existing		Standard of Performance	Modified
		Tick if the below listed measure is existing in the building			Tick measure(s) being altered as a part of the proposed works
		Yes	No		<input checked="" type="checkbox"/>
1.	Access panels, doors and hoppers to fire resisting shafts	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
2.	Atrium provisions <ul style="list-style-type: none">– Detection & alarm system– EWIS– Sprinklers– Smoke exhaust– Stair pressurisation	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
3.	Automatic fail-safe devices	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
4.	Automatic fire detection and alarm system	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
5.	Automatic fire suppression system (sprinkler)	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
6.	Building occupant warning system	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
7.	Emergency lifts	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
8.	Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
9.	Emergency warning and intercommunication system	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
10.	Exit signs	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
11.	Fire alarm monitoring system (ASE)	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
12.	Fire control centres and rooms	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
13.	Fire dampers	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
14.	Fire doors	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
15.	Fire hose reel systems	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
16.	Fire hydrant systems	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
17.	Fire seals (protecting openings in fire resisting components of the building)	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
18.	Fire shutters	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
19.	Fire windows	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
20.	Lightweight construction	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
21.	Mechanical air handling systems (Strike out which are N/A) <ul style="list-style-type: none">– Auto shutdown– Stair pressurisation– Zone smoke control– Carpark exhaust	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
22.	Perimeter vehicle access for emergency vehicles	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
23.	Portable fire extinguishers & fire blankets	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
24.	Safety curtains in proscenium openings	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
25.	Smoke and heat vents	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
26.	Smoke dampers	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
27.	Smoke detectors and heat detectors (Residential)	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
28.	Smoke doors	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>

Item No.	Measures	Existing		Standard of Performance	Modified
		Tick if the below listed measure is existing in the building			Tick measure(s) being altered as a part of the proposed works
		Yes	No		<input checked="" type="checkbox"/>
29.	Solid core doors	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
30.	Sound systems and intercom systems for emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
31.	Standby power systems	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
32.	Wall wetting sprinkler and drencher systems	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
33.	Warning and operational signs	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
34.	OTHERS – Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
35.	Performance Solution (Fire Safety Engineers Report)		<input type="checkbox"/>	As per the Annual Fire Safety Statement	<input type="checkbox"/>
	Report No. _____ issued by _____ dated _____	<input type="checkbox"/>			

By completing this I confirm this is an accurate statement of all the existing fire safety schedule implemented in the whole building and the land on which it is situated.