



ACT
Government

Chief Minister, Treasury and
Economic Development

Freedom of Information Publication Coversheet

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

FOI Reference: CMTEDDFOI 2020-237

Information to be published	Status
1. Access application	Published
2. Decision notice	Published
3. Documents and schedule	Published
4. Additional information identified	No
5. Fees	N/A
6. Processing time (in working days)	20
7. Decision made by Ombudsman	N/A
8. Additional information identified by Ombudsman	N/A
9. Decision made by ACAT	N/A
10. Additional information identified by ACAT	N/A

From: [REDACTED]
To: [CMTEDD FOI](#)
Subject: [REDACTED] request re Dog Park issues
Date: Thursday, 10 December 2020 11:26:06 AM

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Phillip,

Today I called Access Canberra to try to get answers to two issues:

1. Dog Park in Yarralumla.

Yesterday I was lied to by someone at City Services who told me they could not:

Plant Indigenous Plants

Make Wheelchair Accessible

Put up a Sun Shade

Why it was meant to be completed in November but now they say late Jan

No Community Consultation

Security Guard COVID risk, NOT SOCIAL DISTANCING & Numbers Above COVID Safe Plan.

Received NO Reference Number


Received NO FOLLOW UP

As you can see these issues are genuinely concerning!

I rang the ACT COVID hotline and after the first operator seemed to struggle to assist me I asked for a Complaints Manager.

[REDACTED] Team Leader, Access Canberra then got on the phone and became abusive, argumentative and belligerent.

He REFUSED TO ADDRESS ANY ISSUES!

He then hung up on me :-(


A copy of ANY and ALL documents, Electronic or otherwise bearing the word(s) "Yarralumla Dog Park" including ANY and ALL Herritage overlays or Any other conditions, Herritage or otherwise in relation to that area, including nearby Spy Park (Weston) and the Golf Course.

Thanks in Advance,

Warmest Regards,





ACT
Government

Chief Minister, Treasury and
Economic Development

Our ref: CMTEDDFOI 2020-237



FREEDOM OF INFORMATION REQUEST

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 10 December 2020, in which you sought access to:

- A copy of any and all documents, electronic or otherwise bearing the word(s) "Yarralumla Dog Park" including any and all heritage overlays or any other conditions, heritage or otherwise in relation to that area, including nearby Spy Park (Weston) and the Golf Course.

Authority

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Timeframes

In accordance with section 40 of the Act, CMTEDD is required to provide a decision on your access application by 12 January 2021.

Decision on access

As per your request, we have searched for documents in Access Canberra. You may have greater luck finding documents relating to heritage status with the Environment, Planning and Sustainable Development Directorate (EPSDD) and for the dog park with Transport Canberra and City Services Directorate (TCCS).

Searches were completed for relevant documents and 17 documents were identified that fall within the scope of your request.

I have included as **Attachment A** to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant partial access to 16 documents relevant to your request. I have decided to refuse access to one document under s13 of the *Freedom of Information Act 2016* as the record is covered under the *Territory Records Act 2002*.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as **Attachment B** to this letter.

In accordance with section 54(2) of the Act a statement of reasons outlining my decisions is below.

Statement of Reasons

In reaching my access decisions, I have taken the following into account:

- the Act;
- the content of the documents that fall within the scope of your request;
- the *Human Rights Act 2004*.

Exemption claimed

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

Information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act

Public Interest

The Act has a presumption in favour of disclosure. As a decision maker I am required to decide where, on balance, public interests lies. As part of this process I must consider factors favouring disclosure and non-disclosure.

In *Hogan v Hinch* (2011) 243 CLR 506, [31] French CJ stated that when ‘used in a statute, the term [public interest] derives its content from “the subject matter and the scope and purpose” of the enactment in which it appears’. Section 17(1) of the Act sets out the test, to be applied to determine whether disclosure of information would be contrary to the public interest. These factors are found in subsection 17(2) and Schedule 2 of the Act.

Taking into consideration the information contained in the documents found to be within the scope of your request, I have identified that the following public interest factors are relevant to determine if release of the information contained within these documents is within the ‘public interest’.

Factors favouring disclosure in the public interest:

(a) *disclosure of the information could reasonably be expected to do any of the following:*

(xiii) *contribute to the administration of justice generally, including procedural fairness.*

Having considered the factors identified as relevant in this matter, I consider that release of the information contained in the document may contribute to procedural fairness by allowing you to have a copy of the documents that fall within the scope of your request.

Factors favouring nondisclosure in the public interest:

- (a) *disclosure of the information could reasonably be expected to do any of the following:*
- (ii) *Prejudice the protection of an individual's right to privacy or other rights under the Human Rights Act 2004;*
 - (xi) *prejudice trade secrets, business affairs or research of an agency or person.*

However, when considering this finding against the factors favouring non-disclosure, I am satisfied that the protection of an individual's right to privacy, especially in the process of complying with ACT Government regulations, is a significant factor as the parties involved have provided their personal information which includes names, signatures, addresses, email addresses and mobile phone numbers for the purposes of complying with relevant legislation which, in my opinion, outweighs the benefit which may be derived from releasing the personal information of the individual's involved in this matter. These individuals are entitled to expect that the personal information they have supplied as part of this process will be dealt with in a manner that protects their privacy.

I have also considered the impact of disclosing information which relates to business affairs. In the case of *Re Mangan and The Treasury* [2005] AATA 898 the term 'business affairs' was interpreted as meaning 'the totality of the money-making affairs of an organisation or undertaking as distinct from its private or internal affairs'. Schedule 2 section 2.2(a)(xi) allows for government information to be withheld from release if disclosure of the information could reasonably be expected to prejudice the business affairs of an agency or person.

Having applied the test outlined in section 17 of the Act and deciding that release of personal information contained in the documents is not in the public interest to release, I have chosen to redact this specific information in accordance with section 50(2). Noting the pro-disclosure intent of the Act, I am satisfied that redacting only the information that I believe is not in the public interest to release will ensure that the intent of the Act is met and will provide you with access to the majority of the information held by CMTEDD within the scope of your request.

Release of documents under *Territory Records Act 2002*

One of the documents identified as within the scope of your request is over 20 years old and therefore is subject to the access provisions under section 26 of the *Territory Records Act 2002*. Section 26 states that:

- (1) *A record of an agency is open to public access under this Act on the next Canberra Day after the end of 20 years after the record, or the original of which it is a copy, came into existence.*
- (2) *A person is entitled to access under this Act to a record of an agency that is open to public access.*

I have considered one document in the file, *Royal Canberra Golf Club Clubhouse Redevelopment 1995*, and I have decided that this record is able to be released to you in full.

Charges

Processing charges are not applicable for this request because the number of pages being released is below the charging threshold of 50.

Online publishing – Disclosure Log

Under section 28 of the Act, CMTEDD maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the CMTEDD disclosure log after three working days after the date of my decision. Your personal contact details will not be published.

You may view CMTEDD disclosure log at

<https://www.cmtedd.act.gov.au/functions/foi/disclosure-log-2020>.

Ombudsman Review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in CMTEDD disclosure log, or a longer period allowed by the Ombudsman.

We recommend using this form [Applying for an Ombudsman Review](#) to ensure you provide all of the required information. Alternatively, you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: actfoi@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) Review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request please contact me by telephone on 6207 7754 or email CMTEDDFOI@act.gov.au.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'P. Dachs', is centered on the page. The signature is fluid and cursive.

Philip Dachs
Information Officer
Information Access Team
Chief Minister, Treasury and Economic Development Directorate
12 January 2021



ACT
Government

Chief Minister, Treasury and
Economic Development

FREEDOM OF INFORMATION REQUEST SCHEDULE

WHAT ARE THE PARAMETERS OF THE REQUEST

Reference NO.

A copy of any and all documents, electronic or otherwise bearing the word(s) "Yarralumla Dog Park" including any and all heritage overlays or any other conditions, heritage or otherwise in relation to that area, including nearby Spy Park (Weston) and the Golf Course.

CMTEDDFOI 2020-237

Ref No	Page number	Description	Date	Status	Reason for Exemption	Online Release Status
1	1	Certificate of Electrical Safety – RCGC – [REDACTED]	27 Mar 2002	Partial release	Sch 2 s2.2 (a)(ii)	Yes
2	2	Certificate of Electrical Safety – RCGC – [REDACTED]	23 May 2002	Partial release	Sch 2 s2.2 (a)(ii)	Yes
3	3	Notification of Electrical Work – RCGC [REDACTED]	18 Jun 2002	Partial release	Sch 2 s2.2 (a)(ii)	Yes
4	4	Certificate of Electrical Safety – RCGC – [REDACTED]	4 Jul 2004	Partial release	Sch 2 s2.2 (a)(ii)	Yes
5	5-6	Backflow Device Annual Report - RCGC	1 Aug 2006	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
6	7	Certificate of Electrical Safety	4 May 2010	Partial release	Sch 2 s2.2 (a)(ii)	Yes
7	8	Application for copies of plans/documents	6 Jun 2013	Partial release	Sch 2 s2.2 (a)(ii)	Yes
8	9-13	Certificate of Electrical Safety – RCGC – [REDACTED]	7 Apr 2013	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
9	14-19	Certificate of Electrical Safety – RCGC – [REDACTED]	11 Jul 2014	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
10	20	Backflow Prevention Device Inspection Record – RCGC	28 Jul 2014	Partial release	Sch 2 s2.2 (a)(ii)	Yes
11	21-22	Backflow device report – receipt - RCGC	31 Jul 2017	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
12	23-24	Certificate of Electrical Safety – TCCS	1 Feb 2018	Partial release	Sch 2 s2.2 (a)(ii)	Yes
13	25-29	Backflow device report – receipt – [REDACTED] Pty Ltd	1 Jun 2018	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
14	30-31	Application for copies of plans/documents	4 Jun 2018	Partial release	Sch 2 s2.2 (a)(ii)	Yes

15	32-33	Certificate of Electrical Safety – RCGC – Reference RX9HPD	30 May 2019	Partial release	Sch 2 s2.2 (a)(ii)	Yes
16	34-35	Certificate of Electrical Safety – RCGC	30 May 2019	Partial release	Sch 2 s2.2 (a)(ii)	Yes
17	1-13 (separate)	Document released under the Territory Records Act (released separately)	11 Jul 1997	Full release	N/A	Yes
Total No of Docs						
17						



Australian Capital Territory Government

Planning and Land Management Certificate of Electrical Safety

64965

15

EQ0023439

Office Use Only

Audit Code

Part 1: Customer details

Name of Customer [REDACTED] Phone 6282 7000

Floor no./Tenant no. _____ Street address BENTHAM STREET

Suburb YARRAWMULA Postcode 2600 Block 2 Section 119

Is a Certificate of Occupancy required Yes No Building Project No. 214387

Part 2: Electrical installation for the following

- New installation
- Extension to building or garage
- Addition or alteration
- Temporary supply

Part 3: Type of installation

- Domestic
- Commercial
- Hazardous
- High voltage
- Emergency systems
- UPS
- Generator
- Swimming pool
- Street lights
- Traffic lights
- Power factor
- Other

Part 4: Installation work details (covered by this notice)

Lighting		Socket-outlets (indicate number)				Hotwater kW	Air-conditioning kW	Cooking kW
No. of lights	Singles	Doubles	Multiple	15 Amp	20 Amp			

Consumers mains _____ mm² Main switchboard Distribution board

Main earth location _____ Earth bond location _____

Other load details (if insufficient space please attach list) RE-LOCATION OF 6 GPO'S
+ 5 LIGHT POINTS, ON EXISTING CIRCUITS
+ LIGHT SWITCHES ON SPIKE BAR

Part 5: Certification by contractor or authorised representative

To: Planning and Land Management: I hereby notify that the installation work described in this notice has been tested in accordance with AS 3017 by the following persons or contractors and complies with AS 3000, SAA Wiring Rules (The tester must sign the Certification).

Work Tested By (if same as contractor write 'as contractor')	Work Notified by Licensed Electrical Contractor/Authorised Representative
Licensed Electrical Worker <u>Sch 2.2(a)(ii)</u>	Name of Contractor <u>Sch 2.2(a)(ii)</u> Licence No. <u>C 5447</u>
Signature _____	Address <u>Sch 2.2(a)(ii)</u>
Date _____	Postcode _____
Licence No. <u>A 426</u>	Signature _____

BEPCON use only

Defect no./code _____ Reinspection fee required Audit fee _____

Auditor remarks: 100% 3ms 1hr; 21 pass
UNABLE TO TURN OFF POWER DUE TO CONSUMERS - FUSES
UNABLE TO SAFELY

Passed Signature Sch 2.2(a)(ii) Date 5/4/02



Australian
Capital Territory
Government

Planning and Land Management

Certificate of Electrical Safety

64965/01

15

EQ0028435

XXXXS
Audit Code

Office Use Only

Part 1: Customer details

Domestic kitchen - coffee machine

Name of Customer _____ Phone _____

Floor no./Tenant no. _____ Street address Bentham Ct

Suburb GARRALUMLA. Postcode _____ Block 2 Section 119

Is a Certificate of Occupancy required Yes No Building Project No. _____

Part 2: Electrical installation for the following

- New installation
- Extension to building or garage
- Addition or alteration
- Temporary supply

Part 3: Type of installation

- Domestic
- Commercial
- Hazardous
- High voltage
- Emergency systems
- UPS
- Generator
- Swimming pool
- Street lights
- Traffic lights
- Power factor
- Other

Part 4: Installation work details (covered by this notice)

Lighting	Socket-outlets (indicate number)					Hotwater kW	Air-conditioning kW	Cooking kW
	No. of lights	Singles	Doubles	Multiple	15 Amp			
					1			

Heating kW _____ Motor kW _____

Consumers mains _____ mm² Main switchboard Distribution board

Main earth location _____ Earth bond location _____

Other load details (if insufficient space please attach list) NEW CCT FOLK 20A OUTLET

Part 5: Certification by contractor or authorised representative

To: Planning and Land Management: I hereby notify that the installation work described in this notice has been tested in accordance with AS 3017 by the following persons or contractors and complies with AS 3000, SAA Wiring Rules (The tester must sign the Certification).

Work Tested By (if same as contractor write 'as contractor')	Work Notified by Licensed Electrical Contractor or authorised representative
Licensed Electrical Worker <u>Sch 2.2(a)(ii)</u>	Name of Contractor <u>Sch 2.2(a)(ii)</u>
Signature <u>Sch 2.2(a)(ii)</u>	Address _____
Date <u>23/5/02</u> Licence No. <u>A 4087</u>	Postcode _____ Telephone/Fax _____
	Signature _____ Date <u>23-05-02</u>

BEPCON use only

Defect no./code _____ Reinspection fee required Audit fee _____

Auditor remarks: _____

Passed Signature _____ Date _____



Australian
Capital Territory
Government

Planning and Land Management

Notification of Electrical Work - Building

64965/01

15

E20028444

Office Use Only

XXXX3

Audit Code

Part 1: Customer details

Name of Customer [REDACTED] Phone [REDACTED]

Floor no./Tenant no. [REDACTED] Street address [REDACTED]

Suburb YARRALUMLA Postcode [REDACTED] Block 2 Section 119

Is a Certificate of Occupancy required Yes No Building Project No. [REDACTED]

Part 2: Electrical installation for the following

- New installation
- Extension to building or garage
- Addition or alteration
- Temporary supply

Part 3: Type of installation

- Domestic
- Commercial
- Hazardous
- High voltage
- Emergency systems
- UPS
- Generator
- Swimming pool
- Street lights
- Traffic lights
- Power factor
- Other

Part 4: Installation work details (covered by this notice)

Lighting	Socket-outlets (indicate number)					Hotwater kW	Air-conditioning kW	
	No. of lights	Singles	Doubles	Multiple	15 Amp	20 Amp	Heating kW	Motor kW
		<u>1</u>	<u>2</u>					

Consumers mains [REDACTED] mm² Main switchboard Distribution board

Main earth location [REDACTED] Earth bond location [REDACTED]

Other load details (if insufficient space please attach list) TWO NEW CETS FOR SPIKE BAR ON R.C.D, M.C.B BREAKERS FOR THE KITCHENETTE AT R502

Part 5: Certification by contractor or authorised representative

To: Planning and Land Management: I hereby notify that the installation work described in this notice has been tested in accordance with AS 3017 by the following persons or contractors and complies with AS 3000, SAA Wiring Rules (The tester must sign the Certification).

Work Tested By (if same as contractor write 'as contractor')	Work Notified by Licensed Electrical Contractor/Authorised Representative
Licensed Electrical Worker <u>Sch 2.2(a)(ii)</u>	Name of Contractor <u>Sch 2.2(a)(ii)</u> Licence No. <u>C 2753</u>
Signature [REDACTED]	Address [REDACTED]
Date <u>14/06/02</u> Licence No. <u>A 5266</u>	Postcode [REDACTED] Signature <u>Sch 2.2(a)(ii)</u> Date <u>18/6/02</u>

BEPCON use only

Defect no./code [REDACTED] Reinspection fee required Audit fee [REDACTED]

Auditor remarks:

Passed Signature [REDACTED] Date / /

02-04-2002 12:21

FROM-BEPCON DICKSON

0262078324

1000 1 06/00/1 1 011

15

XXXXX Audit Code



Australian Capital Territory Government

Planning and Land Management Certificate of Electrical Safety

E2004S066 Office Use Only

Part 1: Customer details

Name of Customer, Floor no./Tenant no., Street address, Suburb YARRALUANA, Postcode, Block 2, Section 119, Building Project No.

Part 2: Electrical installation for the following

- New installation, Extension to building or garage, Addition or alteration, Temporary supply

Part 3: Type of installation

- Domestic, Commercial, Hazardous, High voltage, Emergency systems, UPS, Generator, Swimming pool, Street lights, Traffic lights, Power factor, Other

Part 4: Installation work details (covered by this notice)

Lighting table with columns for Singles, Doubles, Multiple, 15 Amp, 20 Amp. Includes fields for Hotwater kW, Air-conditioning kW, Heating kW, Motor kW, Cooking kW, Consumers mains, Main switchboard, Distribution board, Main earth location, Earth bond location.

Other load details (if insufficient space please attach list)

Part 5: Certification by contractor or authorized representative

To: Planning and Land Management. I hereby notify that the installation work described in this notice has been tested in accordance with AS 3017 by the following persons or contractors and complies with AS 3000, SAA Wiring Rules. Work Tested By: AS CONTRACTOR. Work Notified by Licensed Electrical Contractor/Authorized Representative: Sch 2.2(a)(ii), Licence No. C 447.

BEPCON use only

Defect no./code, Reinspection fee required, Audit fee, Auditor remarks, Signature, Date.




Backflow Device Annual Report



About this form

Use this form to lodge a test report and make a payment to the ACT Planning and Land Authority in relation to the continued operation and testing of a backflow device.

For more information click on the information button. 

Items marked with an asterisk (*) must be completed.

How to complete this form

- Step 1: Enter the device owner details.
- Step 2: Enter the authorised tester details
- Step 3: Enter the property details.
- Step 4: Enter the device and test details.
- Step 5: To enter multiple device annual reports click on the 'Add Item' button and repeat Step 4.
- Step 6: Complete the authorised tester declaration.
- Step 7: Click on the 'Pay Now' button to pay the progressive total by credit card.



Step 1: Device Owner Details

* Organisation name

* Postal address

* Suburb

* State/Territory * Postcode

Device owner nominated contact person

Name title

Given name

Family name

Step 2: Authorised Tester Details

* Plumber's licence number

Name title

* Given name

* Family name

* Postal address

* Suburb

* State/Territory * Postcode


Step 3: Property Details

* Suburb/District * Section * Block

YARRALUMLA

119

0002

If you require help with suburb/district, section or block details click this information button 

Steps 4 & 5: Device Annual Test Details

Annual test details

* Serial number 004610

* Date of test 22/06/2006 (dd/mm/yyyy)

* Final test passed? Yes

Step 6: Authorised Tester Declaration

By making this payment, I hereby declare that I have undertaken the work described in this Notification and that it has been done in compliance with the National Plumbing and Drainage Code AS3500 and the Water and Sewerage Act.

* I certify that I have tested the device in accordance with the provisions of AS2845

Step 7: 'Pay Now'

Payment amount \$ Sch 2.2(a)(xi)

Receipt

Your payment has been successful. Please keep a copy of this receipt for your records.

Date and time 01 Aug 2006 11:41:48

Form submission ID 34003820060801116160

Payment receipt number 0608014567

Total amount paid \$ Sch 2.2(a)(xi)

To save or print a copy of the completed form and receipt go to the "File" menu and select "Save as" or "Print".

ACT Planning and
Land Authority
ABN 46 346 672 655

GPO Box 1908
Canberra ACT 2601

Telephone: 132281

Any personal information will only be used for the purposes of this transaction, and will be disclosed to the relevant area of the ACT Government and to your financial institution to the extent necessary to achieve that purpose. The details of the transaction will be released to you or your financial institution if this transaction is queried, and otherwise will not be disclosed to any third party except in accordance with the Privacy Act 1988 (Cth).

Form ID: 1028
Version: 1
Date: 01 Aug 2006

02770118



New CERTIFICATE OF ELECTRICAL SAFETY

Electricity Safety Act 1971 Section 6
Phone: (02) 6207 7775 Fax: (02) 6295 4510



Part 1: Installation owner details

Name of installation owner CLUB Phone _____
 Building ID NEW KITCHEN OFFICE Floor / Level _____ Unit / Shop No _____
 Street Address BENTHAM STREET Postcode 2600
 Suburb YARRALUMLA Section 119 Block 2

Is a certificate of occupancy required? No. Yes. If Yes, building project number must be supplied: _____

Part 2: Category

Please tick one box

Residential Commercial

Part 3: Type of Work

Please tick one box

New Temporary Supply Repair
 Permanent/Temporary Supply

Part 4: Installation

Tick as applicable

Normal Street lights External lighting Hazardous location Swimming pool
 UPS Traffic lights Soft wiring Schools and child care Spa or hot tub
 Standalone Public lights Solar PV Medical and health care Safety services

Part 5: Work Load Details

Item	QTY	Item	QTY	Load KW	Item	QTY	Load KW
Lights	1	Hot plates			Street lights		
Ceiling fans		Wall oven			Smoke detectors		
10A single socket-outlets		Range			Circuits for pool equipment		
10A double socket-outlets	2	Storage hot water			Pool heater		
10A multiple socket-outlets		Instantaneous hot water			Spa or Hot tub		
15A & 20A socket-outlets		Off peak hot water			Sauna		
3 phase socket-outlets		Electric solar hot water			Air conditioning		
Other socket-outlets		Direct heating			Motors		
Exhaust fans		Off peak heating					
Safety switches		Fan light heater					
					Alternative energy supply (AES)	Qty	Supply KW

Consumer mains _____ mm² Main switchboard Distribution board

Main earth location PAF Equipotential earth bond locations BEhind PAF

Other load details (if insufficient space please attach list) _____

Part 6: Certification

WORK TESTED BY

19894662

Sch 2.2(a)(ii)

Unrestricted electrician

COLA licence No. 2027

Date tested 12/10/10

Signature

Sch 2.2(a)(ii)

INSTALLED BY

(Details of the electrical contractor or unrestricted electrician who installed the electrical installation covered by this CES)

Name Sch 2.2(a)(ii)

COLA licence No. 2027

Telephone No. Sch 2.2(a)(ii)

To: Construction Occupations Registrar. I hereby notify that the electrical wiring work described in this report has been tested in accordance with AS/NZS 3017 by the following persons and complies with AS/NZS 3000 Wiring Rules (The tester must sign this certification).

OFFICE USE ONLY

E 20104500

I N S P E

Defect report / Seal ID No _____

Reinspection fee required

Inspector remarks: visual only visible

Passed

Signature

Sch 2.2(a)(ii)

Date 4/5/10



ACT
Government

Environment and
Sustainable Development

Application for Copies of Plans/Documents

Our aim is to provide a **4 – 5 full working day** turnaround period for the standard services. The turnaround time commences from the receipt of the form at Mitchell and does not include delivery time by mail or DX, weekends or public holidays.

Mail to ESDD Mitchell Office – GPO Box 1908 Canberra ACT 2601 or email ESDDBuildingCounter@act.gov.au or in person to: 8 Darling Street Mitchell. If you have difficulty completing this form please telephone (02) 6207 6267

Part 1: Applicant Details

Name of Applicant	Sch 2.2(a)(ii) - [REDACTED]
Postal Address	PO BOX: 240 DEAKIN WEST ACT 2600
Phone Number	(02) 6282 7000

Part 2: Site Details

Block: _____ Section: _____ *Unit (if applicable): _____

Suburb: YARRALUMLA

Street Number: _____ Postcode: 2603

Street Address: WESTBOURNE WOODS, BENTHAM STREET

Part 3: Description of Service

- | | |
|--|---|
| <input type="checkbox"/> Copy of Sanitary Drainage Plan | <input type="checkbox"/> Copy of Building Plan |
| <input checked="" type="checkbox"/> Copy of Certificate of Occupancy and Use (COU) | <input type="checkbox"/> Copy of Survey Certificate |

Specified documents/ Additional Information:
CERTIFICATE OF OCCUPANCY: ROYAL CANBERRA GOLF CLUB CLUBHOUSE

Part 4: Access Authorisation

ACCESS AUTHORISATION

I declare that the particulars of this application for search and/or copies of plans/documents are true and correct in every detail and I am the person indicated by a tick in the relevant box below.

- | | |
|---|--|
| <input checked="" type="checkbox"/> I am the owner | <input type="checkbox"/> I have authorisation (attached) from the Trustee of the Deceased Estate |
| <input type="checkbox"/> I have authorisation for Power of Attorney (attached from the owner) | <input type="checkbox"/> I have authorisation (attached) from the Solicitor representing the owner |
| <input type="checkbox"/> I act for a Mortgagee in possession | |
| <input type="checkbox"/> I have authorisation (attached) from the owner | |
| <input type="checkbox"/> I am the solicitor acting on behalf of [REDACTED] | |

Applicant's Signature: _____ Date 6 / 6 / 13

Note: 1. Applicants must comply with the provisions of the *Privacy Act 1988* to protect any personal information relating to the lessee/owner of this lease under the provisions of the *Privacy Act 1988*.
2. Sections 59A of the *ACT Building Act 2004* provides the severe penalties for false or misleading statements

OFFICE USE ONLY:

Trim Number _____ Search Officer's Initials _____ Date Completed ____/____/____

Fees: File Search: \$20.00 + Photocopies (each) A4 \$0.40 - A3 \$0.70 - Larger than A3 \$16.20 **TOTAL:** \$ _____

Certificate of Electrical Safety - additions and alterations

About this form

Use this form to lodge completed Certificates of Electrical Safety for Additions & Alteration electrical installations that need to be submitted to the Environment and Sustainable Development Directorate.

Note: This form is for Addition and Alteration Installations only. If you have tested a New installation, please use the [Certificate of electrical Safety - new work](#).

For more information click on the information button.



All fields are mandatory unless stated otherwise.

The ACT Government is committed to improving the accessibility of web content. To provide feedback or request an accessible version of a document please phone 13 22 81.

Licencee Details

Unrestricted Electrician Licence Number and Expiry Date

COLA licence number

19936288

Licence expiry date
(eg: dd/mm/yyyy)

09/02/2014

Name title (optional)

Given name

Sch 2.2(a)(ii)

Family name

Sch 2.2(a)(ii)

Contact phone number

Sch 2.2(a)(ii)

Was the Work done for an Employer who holds an Electrical Contractors Licence? No Yes

Electrical Contractor Licence Number and Expiry Date

Contractor COLA licence
number

2007284

Contractor Licence expiry date
(eg: dd/mm/yyyy)

24/04/2013

Contractor's name

Sch 2.2(a)(ii)

Customer Details

Organisation name (optional)

Name title (optional)

Customer's given name

Sch 2.2(a)(ii)

Customer's family name

Sch 2.2(a)(ii)

Contact phone number

Sch 2.2(a)(ii)

Work Site Details

Is a Certificate of Occupancy required? No
 Yes

Work Site Address

Suburb/District

YARRALUMLA

Section

119

Block

2

Unit

Floor or Level

If you require help with suburb/district, section or block details click this information button



Address

Bentham Street

Suburb

YARRALUMLA

State/Territory

ACT

Postcode

2600

Category of Work and Electrical Details

Category of work

Commercial

Type of work

Addition



Electrical Installation Details

Installation type

Normal

Work Load Details

Please enter the quantity and load (eg: kW rating) if necessary for at least one item:

Lights	Hot Plates	Load	Direct Heating	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ceiling Fans	Range	Load	Off Peak Heating	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single Socket-outlets	Wall Oven	Load	Air Conditioning	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Double Socket-outlets	Wall Oven/Hot Plates	Load	Air Con Reverse Cycle	Load
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Socket-outlets	Continuous Hot Water	Load	Spa	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15A Socket-outlets	Quick Recovery Hot Water	Load	Sauna	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20A Socket-outlets	Off Peak Hot Water	Load	Pool Heater	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Smoke Detectors	Instantaneous Hot Water	Load	Motors	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exhaust Fans	Tastics	Load	Solar Booster	Load
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Switches	Street Lights	Load		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
	3 Phase Socket-outlets	Load		
	<input type="text"/>	<input type="text"/>		

Consumer Mains mm²

Main Switchboard

Distribution Board

Additional comments (optional)

Installed two addition power outlets in

Certificate of Electrical Safety Declaration

NOTE: There are penalties for deliberately giving false and misleading information. The Environment and Sustainable Development Directorate or its Minister may revoke an approval if satisfied that the approval was obtained by fraud or misrepresentation.

Only the Electrician who tested the electrical installation to AS/NZS 3017 and is certifying it as complying with AS/NZS 3000 may submit this form. Penalties apply for fraud or misrepresentation.

I the tester declare that:

- I have read and agree with the Notes above; and
- the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and
- I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the *Electricity Safety Act 1971*.
- I declare that the above details in the Certificate of Electrical Safety are true and correct.

Please Note: The Certificate of Electrical Safety will be available for you to print or save after submission.

Payment amount

\$ Sch 2.2(a)(xi)

Environment and
Sustainable Development
Directorate
ABN 66 893 463 785

GPO Box 1908
Canberra ACT 2601
Telephone: **132281**

Personal information entered into this form is collected by the Construction Occupations Registrar as permitted by the Electricity Safety Act 1971. All personal information collected will be used and shared to carry out any necessary inspections, notifications, and inquiries to complete your transaction and kept on file. Details about this transaction will be released to you or your financial institution if this transaction is queried and otherwise will not be disclosed to any third party except in accordance with the Privacy Act 1988 (Cth).

Form ID: 1013

Version: 24

Date: 07 Apr 2013

Receipt

Your payment has been successful. Please keep a copy of this receipt for your records.

Date and time

Form submission ID

Payment receipt number

Total amount paid \$

To save or print a copy of the completed form and receipt go to the "File" menu and select "Save as" or "Print".

Certificate of Electrical Safety



Customer Details

Organisation
 Name
 Contact Number

Address of Work Site

Suburb/District	Section	Block	Unit	Floor or Level
YARRALUMLA	119	2		

* Address

Work Details

Work tested by
 Name
 Contact number
 Licenced Electrical Contractor

Work was in relation to a project that required a Certificate of Occupancy?

Building Project Number

Category & Type of Work

Installation Type

Item	QTY	Item	QTY	Load	Item	QTY	Load
Lights		Hot Plates			Direct Heating		
Ceiling Fans		Range			Off Peak Heating		
Single Socket-outlets		Wall Oven			Air Conditioning		
Double Socket-outlets	2	Wall Oven/Hot Plates			Air Con Reverse Cycle		
Multiple Socket-outlets		Continuous Hot Water			Spa		
15A Socket-outlets		Quick Recovery Hot Water			Sauna		
20A Socket-outlets		Off Peak Hot Water			Pool Heater		
Smoke Detectors		Instantaneous Hot Water			Motors		
Exhaust Fans		Tastics			Solar Booster		
Safety Switches		Street Lights					
		3 Phase Socket-outlets					
Consumer Mains							
Main Switchboard							
Distribution Board							

Additional Comments

Main Earth Location

Earth Bond Location

I hereby notify that the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and that I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the *Electricity Safety Act 1971*.

Licencee's Signature

Date

About this form

Use this form to lodge completed Certificates of Electrical Safety and Start Of Work notices for New electrical installations that need to be submitted to the Environment and Sustainable Development Directorate.

Note: This form is for New Installations only. If you have tested an Addition or Alteration installation, please use the [Certificate of Electrical Safety - Addition and Alterations](#)

For more information click on the information button.



Items marked with an asterisk (*) must be completed.



How to complete this form

- Step 1: Enter the licensee's details.
- Step 2: Enter the customer details.
- Step 3: Enter the work site details.
- Step 4: Enter the electrical details.
- Step 5: Enter the number of units of installed devices (if required).
- Step 6: Complete the declaration statement and submit the form.

Step 1: Licencee Details

Unrestricted Electrician Licence Number and Expiry Date

* COLA licence number

* Licence expiry date (dd/mm/yyyy)

Name title

* Given name

* Family name

* Contact phone number

* Was the Work done for an Employer who holds an Electrical Contractors Licence? Yes No

Electrical Contractor Licence Number and Expiry Date

* Contractor COLA licence number

* Contractor Licence expiry date (dd/mm/yyyy)

* Contractor's name

Step 2: Customer Details

Organisation name Territory And Municipal Services

Name title Sch 2.2(a)(ii)

* Customer's given name

* Customer's family name

* Contact phone number

Work Site Details

* Is a Certificate of Occupancy required? Yes No

Step 3: Work Site Address

* Suburb/District * Section * Block Unit Floor or Level

YARRALUMLA 117 11

If you require help with suburb/district, section or block details click this information button



* Address Banks Street

* Suburb YARRALUMLA

State/Territory ACT

* Postcode 2600

Step 4: Electrical Details

* Category of work Commercial

* Describe the location of the Main Earth Street Light Column

* Describe the location of the Earth Bond N/A

Electrical Installation Details

* Installation type

* Work Load Details

Item	QTY	Item	QTY	Load (eg kW rating)	Item	QTY	Load
Lights	<input type="text"/>	Hot Plates	<input type="text"/>	<input type="text"/>	Direct Heating	<input type="text"/>	<input type="text"/>
Ceiling Fans	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>	Off Peak Heating	<input type="text"/>	<input type="text"/>
Single Socket-outlets	<input type="text"/>	Wall Oven	<input type="text"/>	<input type="text"/>	Air Conditioning	<input type="text"/>	<input type="text"/>
Double Socket-outlets	<input type="text"/>	Wall Oven/Hot Plates	<input type="text"/>	<input type="text"/>	Air Con Reverse Cycle	<input type="text"/>	<input type="text"/>
Multiple Socket-outlets	<input type="text"/>	Continuous Hot Water	<input type="text"/>	<input type="text"/>	Spa	<input type="text"/>	<input type="text"/>
15A Socket-outlets	<input type="text"/>	Quick Recovery Hot Water	<input type="text"/>	<input type="text"/>	Sauna	<input type="text"/>	<input type="text"/>
20A Socket-outlets	<input type="text"/>	Off Peak Hot Water	<input type="text"/>	<input type="text"/>	Pool Heater	<input type="text"/>	<input type="text"/>
Smoke Detectors	<input type="text"/>	Instantaneous Hot Water	<input type="text"/>	<input type="text"/>	Motors	<input type="text"/>	<input type="text"/>
Exhaust Fans	<input type="text"/>	Tastics	<input type="text"/>	<input type="text"/>	Solar Booster	<input type="text"/>	<input type="text"/>
Safety Switches	<input type="text"/>	Street Lights	3	750			
		3 Phase Socket-outlets	<input type="text"/>	<input type="text"/>			

Consumer Mains mm²
 Main Switchboard
 Distribution Board

Additional comments

Step 5: Switchboards

Enter the number of items to be installed in the boxes below. The fee is calculated on a points basis, with each point equating to a \$214.00 fee.

* Please enter the number of units for at least one type.

Class	Item	Value per unit	FM units
Main switchboard	First main switchboard	2x	<input type="text"/>
	> 3 metres: points per 3 metres	1x	<input type="text"/>
	> than 1 supply: points per supply	1x	<input type="text"/>
	MSB with safety services	1x	<input type="text"/>
	POS incorporated in MSB	0	<input type="text"/>
	POS separate from MSB	1x	<input type="text"/>
	Power factor correction	0	<input type="text"/>
	Metre cubicle / box	1x	<input type="text"/>
Distribution boards	Distribution board	1x	<input type="text" value="1"/>
	Split services: per service	1x	<input type="text"/>
AES	Control distribution boards where it is not part of the main switch board	1x	<input type="text"/>
	Type of AES x Location of AES	1x	<input type="text"/>
	Per inverter > 1	1x	<input type="text"/>
	First mechanical board	2x	<input type="text"/>
	> 3 metres: points per 3 metres	1x	<input type="text"/>
	With safety services	1x	<input type="text"/>
	> than 1 supply: points per supply	1x	<input type="text"/>
	Distribution board	1x	<input type="text"/>
Temporary supply	Metre box and MSB	1x	<input type="text"/>

Total number of FM units x \$ = \$

Step 6: Certificate of Electrical Safety Declaration

NOTE: There are penalties for deliberately giving false and misleading information. The Environment and Sustainable Development Directorate or its Minister may revoke an approval if satisfied that the approval was obtained by fraud or misrepresentation.

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I the tester declare that:

- * I have read and agree with the Notes above; and
- * the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and
- * I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the *Electricity Safety Act 1971*.
- * I declare that the above details in the Certificate of Electrical Safety are true and correct.

Please Note: The Certificate of Electrical Safety will be available for you to print or save after submission.

Payment amount \$

Environment and Sustainable Development Directorate
ABN 66 893 463 785

GPO Box 1908
Canberra ACT 2601
Telephone: **132281**

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Form ID: 1049

Version: 15

Date: 11 Jul 2014

Receipt

Your payment has been successful. Please keep a copy of this receipt for your records.

Date and time

Form submission ID

Payment receipt number

Total amount paid \$

To save or print a copy of the completed form and receipt go to the "File" menu and select "Save as" or "Print".

Certificate of Electrical Safety



Customer Details

Organisation

Name

Contact Number

Address of Work Site

Suburb/District	Section	Block	Unit	Floor or Level
YARRALUMLA	117	11		

Address

Work Details

Work tested by

Name

Contact number

Licensed Electrical Contractor

Work was in relation to a project that required a Certificate of Occupancy?

Building Project Number

Category & Type of Work

Installation Type

Item	QTY	Item	QTY	Load	Item	QTY	Load
Lights	<input type="text"/>	Hot Plates	<input type="text"/>	<input type="text"/>	Direct Heating	<input type="text"/>	<input type="text"/>
Ceiling Fans	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>	Off Peak Heating	<input type="text"/>	<input type="text"/>
Single Socket-outlets	<input type="text"/>	Wall Oven	<input type="text"/>	<input type="text"/>	Air Conditioning	<input type="text"/>	<input type="text"/>
Double Socket-outlets	<input type="text"/>	Wall Oven/Hot Plates	<input type="text"/>	<input type="text"/>	Air Con Reverse Cycle	<input type="text"/>	<input type="text"/>
Multiple Socket-outlets	<input type="text"/>	Continuous Hot Water	<input type="text"/>	<input type="text"/>	Spa	<input type="text"/>	<input type="text"/>
15A Socket-outlets	<input type="text"/>	Quick Recovery Hot Water	<input type="text"/>	<input type="text"/>	Sauna	<input type="text"/>	<input type="text"/>
20A Socket-outlets	<input type="text"/>	Off Peak Hot Water	<input type="text"/>	<input type="text"/>	Pool Heater	<input type="text"/>	<input type="text"/>
Smoke Detectors	<input type="text"/>	Instantaneous Hot Water	<input type="text"/>	<input type="text"/>	Motors	<input type="text"/>	<input type="text"/>
Exhaust Fans	<input type="text"/>	Tastics	<input type="text"/>	<input type="text"/>	Solar Booster	<input type="text"/>	<input type="text"/>
Safety Switches	<input type="text"/>	Street Lights	3	750	Consumer Mains	<input type="text"/>	<input type="text"/> mm ²
		3 Phase Socket-outlets	<input type="text"/>	<input type="text"/>	Main Switchboard	<input type="text"/>	
					Distribution Board	<input type="text"/>	

Additional Comments

Main Earth Location

Earth Bond Location

I hereby notify that the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and that I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the *Electricity Safety Act 1971*.

Licencee's Signature

Date



BACKFLOW PREVENTION DEVICE INSPECTION RECORD

INITIAL TEST RETEST ANNUAL TEST AUDIT TEST

ALL PARTS OF THIS REPORT FORM MUST BE FILLED OUT. PRINT ONLY

PROPERTY DETAILS

BLOCK 2 SECTION 119 SUBURB YARRALUMLA

LOCATION OF VALVE STREET/ROAD (IRRIGATION) _____
MAINTENANCE FACILITY

OWNER OF DEVICE _____

CONTACT PERSON Sch 2.2(a)(ii)

MAILING ADDRESS _____ POSTCODE 2600

AUTHORISED TESTER DETAILS

NAME Sch 2.2(a)(ii) PLUMBING LICENCE NO 199715738 BACKFLOW NO _____

POSTAL ADDRESS Sch 2.2(a)(ii) POSTCODE Sch 2.2(a)(ii)

EXACT LOCATION OF DEVICE ADJACENT TO FERTILIZER STORAGE DOOR

DETAILS OF WATER USE AND COMMERCIAL

TYPE OF PROTECTION CONTAINMENT _____ ZONE INDIVIDUAL _____

DEVICE TYPE				
RPZD <u>YES NEW VALVE</u>	DC	PVB	RAG	REG BREAK TANK
Make <u>FEBCO</u>	Size <u>50 ml</u>	Model No <u>860L</u>	Serial No <u>H03767</u>	
REDUCED PRESSURE ZONE DEVICE			PRESSURE VACUUM BREAKER	
DOUBLE CHECK		Differential pressure relief valve	Air inlet	check valve
Check valve number1	Check valve number2			
Differential pressure Kpa	Kpa	Opened at Kpa	opened at Kpa	Kpa
Kpa <u>50 KPA</u>	<u>50</u>	<u>22</u>		
Kpa	Kpa		Did not open	leaked

STRAINER INSTALLED YES NO ISOLATING VALVE TIGHT
TEST GAUGE SERIAL NUMBER AC8002 DATE TEST EQUIPMENT VERIFIED 31.10.2013

I CERTIFY THAT I HAVE TESTED THE DEVICE IN ACCORDANCE WITH THE PROVISIONS OF AS2845
NAME OF TESTER Sch 2.2(a)(ii) SIGNATURE OF TESTER _____ DATE 28/7/14

FINAL TEST PASSED YES NO
VALVE REPLACED (OLD VALVE)
FEBCO MODEL 257 50ml SN A004610

ENTERED

Backflow device report - receipt

This transaction will appear on your credit card statement as ACCESS CANB INTERNET.

Date and time

31 Jul 2017 8:16:00 PM

Reference code

BF3TWL

Payment receipt number

1988867429

Total amount paid

\$24.00

Access Canberra
ABN 31 432 729 493

GPO Box 158
Canberra ACT 2601

Telephone: 13 22 81

Device owner details

Device owner / nominated contact person

Organisation name *

[Redacted]

Title

Sch 2.2(a)(ii)

Given name *

Sch 2.2(a)(ii)

Family name *

Sch 2.2(a)(ii)

Contact phone number *

62827000

Contact email *

Sch 2.2(a)(ii)

Postal address

Address *

BENTHAM STREET

Suburb *

YARRALUMLA

State *

ACT

Postcode *

2600

Authorised tester details

Plumbers licence number *

198515178

Title

Sch 2.2(a)(ii)

Given name *

Sch 2.2(a)(ii)

Family name *

Sch 2.2(a)(ii)

Contact phone number *

Sch 2.2(a)(ii)

Contact email *

Sch 2.2(a)(ii)

Are you a Journeyperson plumber? *

Yes

No

Property and device details

Property details

Suburb/District *

YARRALUMLA

Section *

119

Block *

2

If you require help with suburb/district, section or block details, visit [ACTMAPi](#).

Device details

Test type *

Annual test

Protection zone *

Individual

Device type *

RPZD

Make *

Febco

Model *

860L

Serial number *

H03767

Size *

50

mm

Details of water use *

WASH DOWN

Exact location of device *

Date of test *

19 Jun 2017

Final test passed? *

Yes

Additional comments

Authorised tester declaration

By submitting this form I hereby declare that I have undertaken the work described in this Notification and that it has been done in compliance with the National Plumbing and Drainage Code AS3500 and the Water and Sewerage Act.

I certify that I have tested the device in accordance with the provisions of AS2845 *

Payment amount

Sch 2.2(a)(xi)

Certificate of Electrical Safety - Submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

01 Feb 2018 9:06:11 AM

Reference code

J9LQWH

Access Canberra
ABN 16 479 763 216

GPO Box 158
Canberra ACT 2601

13 22 81

Certificate of Electrical Safety



Customer Details

Organisation
 Name
 Contact number

Address of Work Site

Suburb/District	Section	Block	Unit	Floor or level
YARRALUMLA	19	14		

Address

Work Details

Work tested by Expiry
 Name Contact
 Licenced Electrical Contractor Licence number
 Expiry date Certificate of Occupancy required?
 Installation type
 Category & type of work

Item	QTY	Item	QTY	Load	Item	QTY	Load
Lights	<input type="text"/>	Hot plates	<input type="text"/>	<input type="text"/>	Direct heating	<input type="text"/>	<input type="text"/>
Ceiling fans	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>	Off peak heating	<input type="text"/>	<input type="text"/>
Single socket-outlets	<input type="text"/>	Wall oven	<input type="text"/>	<input type="text"/>	Air conditioning	<input type="text"/>	<input type="text"/>
Double socket-outlets	<input type="text"/>	Wall oven/hot plates	<input type="text"/>	<input type="text"/>	Air con reverse cycle	<input type="text"/>	<input type="text"/>
Multiple socket-outlets	<input type="text"/>	Continuous hot water	<input type="text"/>	<input type="text"/>	Spa	<input type="text"/>	<input type="text"/>
15A socket-outlets	<input type="text"/>	Quick recovery hot water	<input type="text"/>	<input type="text"/>	Sauna	<input type="text"/>	<input type="text"/>
20A socket-outlets	<input type="text"/>	Off peak hot water	<input type="text"/>	<input type="text"/>	Pool heater	<input type="text"/>	<input type="text"/>
Smoke detectors	<input type="text"/>	Instantaneous hot water	<input type="text"/>	<input type="text"/>	Motors	<input type="text"/>	<input type="text"/>
Exhaust fans	<input type="text"/>	Tastics	<input type="text"/>	<input type="text"/>	Renewable energy generation (PV)	<input type="text"/>	<input type="text"/>
Safety switches	<input type="text"/>	Street lights	<input type="text"/>	<input type="text"/>	Battery Storage	<input type="text"/>	<input type="text"/>
		3 phase socket-outlets	<input type="text"/>	<input type="text"/>			

Consumer mains Main switchboard Distribution board

Additional comments
 Earth electrode location
 Equipotential bond location

I hereby notify that the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and that I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the Electricity Safety Act 1971.

Date tested Submission date

Backflow device report - receipt

This transaction will appear on your credit card statement as ACCESS CANB INTERNET.

Date and time

01 Jun 2018 2:42:13 PM

Reference code

MH32J6

Payment receipt number

2187426215

Total amount paid

\$144.00

Access Canberra
ABN 31 432 729 493

GPO Box 158
Canberra ACT 2601

Telephone: 13 22 81

Device owner details

Device owner / nominated contact person

Organisation name *

Sch 2.2(a)(ii)

Title

Sch 2.2(a)(ii)

Given name *

Sch 2.2(a)(ii)

Family name *

Sch 2.2(a)(ii)

Contact phone number *

Sch 2.2(a)(ii)

Contact email *

Sch 2.2(a)(ii)

Postal address

Address *

Sch 2.2(a)(ii)

Suburb *

Sch 2.2(a)(ii)

State *

Sch 2.2(a)(ii)

Postcode *

Sch 2.2(a)(ii)

Authorised tester details

Plumbers licence number *

2005214

Title

Sch 2.2(a)(ii)

Given name *

Sch 2.2(a)(ii)

Family name *

Sch 2.2(a)(ii)

Contact phone number *

Sch 2.2(a)(ii)

Contact email *

Sch 2.2(a)(ii)

Are you a Journeyperson plumber? *

Yes

No

Property and device details

Property details

Suburb/District *

YARRALUMLA

Section *

120

Block *

1

If you require help with suburb/district, section or block details, visit [ACTMAPi](#).

Device details

Test type *

Annual test

Protection zone *

Zone

Device type *

RPZD

Make *

Febco

Model *

860L

Serial number *

35486

Size *

20

mm

Details of water use *

BOILER ROOM MAKE UP

Exact location of device *

BOILER ROOM

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Test type *

Annual test

Protection zone *

Individual

Device type *

RPZD

Make *

Tyco

Model *

DC03

Serial number *

16082

Size *

25

mm

Details of water use *

FIRE HOSE

Exact location of device *

FIRE HOSE REEL

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Test type *

Annual test

Protection zone *

Individual

Device type *

DCV

Make *

Tyco

Model *

DC03

Serial number *

16084

Size *

25

mm

Details of water use *

FIREHOSE

Exact location of device *

HONOURS ENTRANCE FIREHOSE REEL

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Test type *

Annual test

Protection zone *

Individual

Device type *

DCV

Make *

Tyco

Model *

DC03

Serial number *

16057

Size *

25

mm

Details of water use *

FIREHOSE

Exact location of device *

HONOURS CORRIDOR FIREHOSE

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Test type *

Annual test

Protection zone *

Zone

Device type *

RPZD

Make *

Watts

Model *

009

Serial number *

13518

Size *

25

mm

Details of water use *

BOILER MAKE UP

Exact location of device *

HONOURS BOILER PLANT

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Test type *

Annual test

Protection zone *

Zone

Device type *

DCV

Make *

Conbraco

Model *

40105T1I

Serial number *

400625

Size *

25

mm

Details of water use *

IRRIGATION

Exact location of device *

IRRIGATION BOX MAIN DRIVE WAY AFTER FIRST TURN OFF

Date of test *

23 May 2018

Final test passed? *

Yes

Additional comments

Authorised tester declaration

By submitting this form I hereby declare that I have undertaken the work described in this Notification and that it has been done in compliance with the National Plumbing and Drainage Code AS3500 and the Water and Sewerage Act.

I certify that I have tested the device in accordance with the provisions of AS2845 *

Payment amount

Sch 2.2(a)(xi)



APPLICATION FOR COPIES OF PLANS/DOCUMENTS

Our aim is to provide a **4–5 working day** turnaround for standard services. Turnaround time starts from the receipt of the form at the ESDD Mitchell office and does not include delivery time by mail or DX, weekends or public holidays.

Part 1: Applicant details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other: Company
Surname:	Sch 2.2(a)(ii)			First name:	
Address:	Sch 2.2(a)(ii)			Postcode:	2612
Home number:	Sch 2.2(a)(ii)		Mobile number:		
Email address:	Sch 2.2(a)(ii)				

Part 2: Site details

Block:	02	Section:	119	*Unit (if applicable):	
Suburb:	Yarralumla	Street number:	71	Postcode:	2600
Street address: 71 Bentham St (Royal Canberra Golf Club)					

Part 3: Description of service

- | | |
|---|---|
| <input type="checkbox"/> Copy of Sanitary Drainage Plan | <input type="checkbox"/> Copy of Building Plan |
| <input type="checkbox"/> Copy of Certificate of Occupancy and Use (COU) | <input type="checkbox"/> Copy of Survey Certificate |

Specified documents/ Additional information:

Architectural, Structural & Hydraulic Plans

Part 4: Access authorisation

I declare that the particulars of this application for search and/or copies of plans/documents are true and correct in every detail and I am the person indicated by a tick in the relevant box below

- | | |
|---|--|
| <input type="checkbox"/> I am the owner | <input type="checkbox"/> I am the solicitor acting on behalf of the owner |
| <input checked="" type="checkbox"/> I have authorisation (attached) from the owner | <input type="checkbox"/> I have authorisation (attached) from the Trustee of the Deceased Estate |
| <input type="checkbox"/> I have authorisation for Power of Attorney (attached from the owner) | <input type="checkbox"/> I have authorisation (attached) from the Solicitor representing the owner |
| <input type="checkbox"/> I act for a Mortgagee in possession | |

Applicant:	Sch 2.2(a)(ii)	Date:	04/06/2018
------------	----------------	-------	------------

- Note: 1. Applicant to sign above declarations to protect any personal information relating to the lessee/owner of this lease under the provisions of the *Privacy Act 1988*.
2. Sections 59A of the *ACT Building Act 2004* provides the severe penalties for false or misleading statements

OFFICE USE ONLY:

Trim Number:	Search officer's Initials:	Date completed:
Fees: File Search: \$20.70 + photocopies (each) A4 = \$0.40, A3 = \$0.70, larger than A3 = \$16.70		TOTAL:\$

Write: to ESDD Mitchell Office, GPO Box 158, Canberra ACT 2601
Email: ESDDBuildingCounter@act.gov.au
Visit 8 Darling Street Mitchell
If you have difficulty completing this form, please telephone 02 6205 5353.



ROYAL CANBERRA GOLF CLUB

ABN 25 008 390 225

ACTPLA
Mitchell Customer Service Centre,
8 Darling Street
Mitchell ACT 2911

RE: File Search Authorisation
BLOCK: 02 SECTION: 119
SUBURB: YARRALUMLA

I, Sch 2.2(a)(ii) General Manager of Royal Canberra Golf Club, hereby authorise Sch 2.2(a)(ii)
Sch 2.2(a)(ii) to act as my agent, to obtain information as stated on application form
from the building file for:

BLOCK: 02 SECTION: 119 of

SUBURB: Yarralumla

Otherwise known as STREET ADDRESS: 71 Bentham St, Yarralumla ACT 2600 (Royal
Canberra Golf Club),

Signed... Sch 2.2(a)(ii)

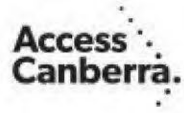
Date: 4/6/18

PO BOX 240, DEAKIN WEST, ACT, 2600, AUSTRALIA

FACSIMILE: (02) 6285 2742

EMAIL: admin@royalcanberra.com.au

TELEPHONE: (02) 6282 7000



Certificate of Electrical Safety - Submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

30 May 2019 9:26:00 AM

Reference code

RX9HPD

Access Canberra
ABN 16 479 763 216

GPO Box 158
Canberra ACT 2601

13 22 81

Certificate of Electrical Safety



Customer Details

Organisation
 Name
 Contact number

Address of Work Site

Suburb/District	Section	Block	Unit	Floor or level
YARRALUMLA	119	2		

Address

Work Details

Work tested by Expiry
 Name Contact
 Certificate of Occupancy required?
 Installation type
 Category & type of work

Item	QTY	Item	QTY	Load	Item	QTY	Load
Lights	<input type="text" value="75"/>	Hot plates	<input type="text"/>	<input type="text"/>	Direct heating	<input type="text"/>	<input type="text"/>
Ceiling fans	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>	Off peak heating	<input type="text"/>	<input type="text"/>
Single socket-outlets	<input type="text"/>	Wall oven	<input type="text"/>	<input type="text"/>	Air conditioning	<input type="text"/>	<input type="text"/>
Double socket-outlets	<input type="text"/>	Wall oven/hot plates	<input type="text"/>	<input type="text"/>	Air con reverse cycle	<input type="text"/>	<input type="text"/>
Multiple socket-outlets	<input type="text"/>	Continuous hot water	<input type="text"/>	<input type="text"/>	Spa	<input type="text"/>	<input type="text"/>
15A socket-outlets	<input type="text"/>	Quick recovery hot water	<input type="text"/>	<input type="text"/>	Sauna	<input type="text"/>	<input type="text"/>
20A socket-outlets	<input type="text"/>	Off peak hot water	<input type="text"/>	<input type="text"/>	Pool heater	<input type="text"/>	<input type="text"/>
Smoke detectors	<input type="text"/>	Instantaneous hot water	<input type="text"/>	<input type="text"/>	Motors	<input type="text"/>	<input type="text"/>
Exhaust fans	<input type="text"/>	Tastics	<input type="text"/>	<input type="text"/>	Renewable energy generation (PV)	<input type="text"/>	<input type="text"/>
Safety switches	<input type="text"/>	Street lights	<input type="text"/>	<input type="text"/>	Battery Storage	<input type="text"/>	<input type="text"/>
		3 phase socket-outlets	<input type="text"/>	<input type="text"/>			

Consumer mains Main switchboard Distribution board

Additional comments

Earth electrode location

Equipotential bond location

I hereby notify that the installation work described in this certificate has been tested in accordance with AS/NZS 3017 and that the work complies with AS/NZS 3000, SAA Wiring Rules; and that I will send a copy of the Certificate of Electrical Safety to the customer within fourteen days as required by the Electricity Safety Act 1971.

Date tested Submission date

Certificate of Electrical Safety - Submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

30 May 2019 1:10:35 PM

Reference code

SJ3MDB

Access Canberra
ABN 16 479 763 216

GPO Box 158
Canberra ACT 2601

13 22 81

Certificate of Electrical Safety



Customer Details

Organisation
 Name
 Contact number

Address of Work Site

Suburb/District	Section	Block	Unit	Floor or level
YARRALUMLA	119	2		

Address

Work Details

Work tested by Expiry
 Name Contact
 Certificate of Occupancy required?
 Installation type
 Category & type of work

Item	QTY	Item	QTY	Load	Item	QTY	Load
Lights	<input type="text" value="491"/>	Hot plates	<input type="text"/>	<input type="text"/>	Direct heating	<input type="text"/>	<input type="text"/>
Ceiling fans	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>	Off peak heating	<input type="text"/>	<input type="text"/>
Single socket-outlets	<input type="text"/>	Wall oven	<input type="text"/>	<input type="text"/>	Air conditioning	<input type="text"/>	<input type="text"/>
Double socket-outlets	<input type="text"/>	Wall oven/hot plates	<input type="text"/>	<input type="text"/>	Air con reverse cycle	<input type="text"/>	<input type="text"/>
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Consumer mains Main switchboard Distribution board

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Date tested Submission date