

Certificate of Waterproofing of Wet Areas

(This document is to be submitted to Council prior to the issuing of a Occupation/Completion Certificate)

Application Number			
Applicant / Owner			
Owners Name		Phone (AH)	
Site Address		Phone (BH)	
Town	State	Postcode	Mobile
Email			

Installer Details			
Name of Installer		Phone (AH)	
Contact Name (if Company)		Phone (BH)	
Address		Mobile	
Town	State	Postcode	
License/Accreditation Number			

Treatment Details	
Area Treated <input type="checkbox"/> Bathroom <input type="checkbox"/> Laundry <input type="checkbox"/> En-Suite <input type="checkbox"/> Water Closet <input type="checkbox"/> Other (specify)	
Date Treated	
Product Used	
No of Coats Applied	
Material used for Bond Breaker	

Certification	
I certify that the area/s listed on this declaration has/have been waterproofed in accordance with the requirements of the <i>National Construction Code of Australia</i> and AS 3740-2010 and in accordance with the product manufacturer's instructions.	
Signature	Date
Signature	Date

For further information or assistance on completing this form please contact Council:

PO Box 714 COOMA NSW 2630 | 1300 345 345 | council@snowymonaro.nsw.gov.au | www.snowymonaro.nsw.gov.au