GMA Certification Group Pty Ltd BUILDING SURVEYORS

Queensland's leaders in Building Certification Services



PORT DOUGLAS OFFICE

PHONE: (07) 4098 5150 FAX: (07) 4098 5180

Lot 9 Unit 5 Craiglie Business Park Owen Street CRAIGLIE QLD 4877

POSTAL: P.O. Box 831, PORT DOUGLAS QLD 4877

E-Mail: adminpd@gmacert.com.au Web: www.gmacert.com.au

16 January 2020

The Chief Executive Officer Douglas Shire Council PO Box 723 MOSSMAN Q 4873

Attention: Development Assessment

Dear Sir,

Re: Hillslopes Referral

Lot 3 RP898230 [No.] Santacatterina Road, Finlayvale

GMA Certification Group has been engaged to assess an application for the construction of a Dwelling, attached patio and carport on the abovementioned allotment. The subject site is located zone Rural and is subject to the Hillslopes Overlay. The development complies with the zone code; however, it does not comply with Acceptable Outcome AO1.1 of the Hillslopes Overlay Code.

Accordingly, an application for Building Work Assessable Against a Planning Scheme is enclosed for Council's consideration, which includes:

- 1. DA Form 2
- 2. Confirmation Notice
- 3. Assessment
- 4. 1 x copy of plans

Assessment

The proposal is Self-Assessable Development pursuant to the tables of assessment contained within the Scheme and complies with applicable Codes. The following table addresses Performance Outcome PO1 of the Hillslopes Overlay Code.

Table 8.2.5.3.a – Hillslopes overlay code – self-assessable development				
Performance outcomes Compliance				
For self-assessable development				
PO1 The landscape character and visual amenity quality of hillslopes areas is retained to protect the scenic backdrop to the region.	The proposal is for the construction of the dwelling. The colours of the proposed dwelling will include: Roof — Exterior Walls — Gutters and trims — Therefore, the landscape character and visual quality of the hillslopes area will be retained.			

Should you require any further information or wish to discuss the application, please contact me on 4041 0111 or by email admincns@gmacert.com.au

Kind Regards,

Kyall Evans

GMA Certification Group

DA Form 2 – Building work details

Approved form (version 1.1 effective 22 JUNE 2018) made under Section 282 of the Planning Act 2016.

This form must be used to make a development application involving building work.

For a development application involving **building work only**, use this form (*DA Form 2*) only. The DA Forms Guide provides advice about how to complete this form.

For a development application involving **building work associated and any other type of assessable development**, use *DA Form 1 – Development application details* **and** parts 4 to 6 of this form (*DA Form 2*).

Unless stated otherwise, all parts of this form **must** be completed in full and all required supporting information **must** accompany the development application.

One or more additional pages may be attached as a schedule to this development application if there is insufficient space on the form to include all the necessary information.

This form and any other form relevant to the development application must be used to make a development application relating to strategic port land and Brisbane core port land under the *Transport Infrastructure Act 1994*, and airport land under the *Airport Assets (Restructuring and Disposal) Act 2008*. For the purpose of assessing a development application relating to strategic port land and Brisbane core port land, any reference to a planning scheme is taken to mean a land use plan for the strategic port land, Brisbane port land use plan for Brisbane core port land, or a land use plan for airport land.

Note: All terms used in this form have the meaning given under the Planning Act 2016, the Planning Regulation 2017, or the Development Assessment Rules (DA Rules).

PART 1 - APPLICANT DETAILS

1) Applicant details	
Applicant name(s) (individual or company full name)	J Dwyer Building and Construction
Contact name (only applicable for companies)	
Postal address (PO Box or street address)	PO Box 1435
Suburb	Mossman
State	Qld
Postcode	4873
Country	
Contact number	0418 941 697
Email address (non-mandatory)	jdwyerbuildingandconstruction@yahpp.com
Mobile number (non-mandatory)	
Fax number (non-mandatory)	
Applicant's reference number(s) (if applicable)	

PART 2 – LOCATION DETAILS

2) Location of the premises (complete 2.1 and/or 2.2 if applicable)
Note : Provide details below and attach a site plan for any or all premises part of the development application. For further information, see <u>DA Form</u>
Guide: Relevant plans.
2.1) Street address and lot on plan
Street address AND lot on plan (all lots must be listed), or
Street address AND lot on plan for an adjoining or adjacent property of the premises (appropriate for development in water but adjoining or adjacent to land e.g. jetty, pontoon. All lots must be listed).



Unit No.	Street No.	Street Name and Type	Suburb	
		Santacatterina Rd	Finlayvale	
Postcode	Lot No.	Plan Type and Number (e.g. RP, S	(SP) Local Government A	rea(s)
4873	3	RP898230	Douglas Shire Coun	cil
2.2) Additiona	l premises			
		vant to this development applicati	on and the details of these pre	emises have been
attached in a	schedule to this de	evelopment application		
O) A (1				
		ents over the premises? Queensland and are to be identified corre	ctly and accurately. For further inform	ation on easements and how
		ent, see the <u>DA Forms Guide</u>		
		s, types and dimensions are inclu	ded in plans submitted with thi	s development
apρι ⊠ No	ication			
PART 3 – F	URTHER DE	TAILS		
4) Is the appli	cation only for bui	ding work assessable against the	building assessment provisio	ns?
Yes – prod	eed to 8)			
☐ No				
5) Identify the	assessment man	ager(s) who will be assessing this	development application	
o) laoning trio	assessinent man	agor(o) who will be accessing the	acvoicement application	
6) Has the loc	al government ag	reed to apply a superseded plann	ing scheme for this developme	ent application?
Yes – a co	py of the decision	notice is attached to this develop	ment application	
	government is take	en to have agreed to the supersec	ded planning scheme request	- relevant documents
attached No				
7) Information	request under Pa	ort 3 of the DA Rules		
I agree to	receive an informa	ation request if determined necess	sary for this development appli	cation
	•	nformation request for this develo		
	•	rmation request I, the applicant, acknowle will be assessed and decided based on th		his develonment
application a	nd the assessment ma	anager and any referral agencies relevant	to the development application are no	ot obligated under the DA
Rules to accept any additional information provided by the applicant for the development application unless agreed to by the relevant parties. Part 3 of the DA Rules will still apply if the application is an application listed under section 11.3 of the DA Rules.				
		sts is contained in the <u>DA Forms Guide</u> .		
		relopment applications or current		
	ride details below	or include details in a schedule to	this development application	
☑ No	al/dayalanmant	Poforonco	Data	Assassment
application	al/development	Reference	Date	Assessment manager
Approval				
	ent application			
Approval				
	ent application			

9) Has t	the portable long servi	ice leave levy b	een paid?			
develop	 the yellow local government application I, the applicant will performed. 			·		
assessr a devel	ment manager decides opment approval only applicable	s the developm	ent application. I acl	knowledge that the a	assessment	manager may give
Amount	t paid	Date paid (dd	/mm/yy)	QLeave levy nu	umber (A, B	or E)
\$						
	nis development applic	cation in respor	nse to a show cause	notice or required a	s a result of	an enforcement
notice? ☐ Yes ☒ No	- show cause or enfo	rcement notice	is attached			
11) Ider	ntify any of the followir	ng further legisl	ative requirements t	nat apply to any asp	ect of this d	evelopment
applicat	tion The proposed develo government's Local I requirements in relation	Heritage Regis	ster. See the guidan	ce provided at www.		
Name o	of the heritage place:		•	Place ID:		
/ (I X I =	TILL LIGHT	DETAILS				
12) Doe	es this development are - the <i>Referral checklis</i> - proceed to Part 5	oplication includ				equirements?
12) Doe	es this development ap – the <i>Referral checklis</i> - proceed to Part 5	oplication including w	vork is attached to th	is development app	lication	equirements?
12) Doe Yes No -	es this development ap	oplication including was stated to be seen the seen to be seen to	vork is attached to the	is development app	lication	
12) Doe ☐ Yes ☐ No	es this development ap - the <i>Referral checklis</i> - proceed to Part 5 s any referral agency p	oplication includes to for building we browided a reference received and I	vork is attached to the	is development app	lication eation? ment applica	
12) Doe Yes No 13) Has Yes No	es this development ap - the Referral checklis - proceed to Part 5 s any referral agency p - referral response(s)	oplication includes to for building we browided a reference received and I	ral response for this	is development app	lication eation? ment applica	ation
12) Doe Yes No - 13) Has No Referra	es this development ap - the Referral checklis - proceed to Part 5 s any referral agency p - referral response(s)	pplication includes to for building we browided a refer or received and I	ral response for this isted below are attack. Referral agency	development application the	pation? The patient application and was the second application.	ral response
12) Doe Yes No 13) Has No Referra Identify referral develop	es this development ap — the Referral checkling — proceed to Part 5 s any referral agency points — referral response(s) Il requirement and describe any charesponse and the development	pplication includest for building was provided a reference received and I	ral response for this isted below are attack. Referral agency the proposed develocation the subject of	development application the	pation? The patient application and was the second application.	ral response
12) Doe Yes No 13) Has Yes No Referra Identify referral develop	es this development ap — the Referral checkling — proceed to Part 5 s any referral agency points — referral response(s) Il requirement and describe any chase response and the development application (if	pplication includest for building was provided a reference received and I	ral response for this isted below are attack. Referral agency the proposed develocation the subject of	development application the	pation? The patient application and was the second application.	ral response
12) Doe Yes No - 13) Has Yes No Referra Identify referral develop	es this development ap — the Referral checklis — proceed to Part 5 s any referral agency p — referral response(s) Il requirement and describe any cha response and the development application (if ap	pplication includest for building we brovided a refer received and I received and	ral response for this isted below are attack. Referral agency the proposed develocation the subject of	development application the this form, or include	Date referr	ral response subject of the schedule to this
12) Doe Yes No 13) Has Yes No Referra Identify referral develop PART 5	es this development ap — the Referral checklis — proceed to Part 5 s any referral agency p — referral response(s) Il requirement and describe any charesponse and the development application (if ap	poplication includest for building we provided a refer or received and I received	ral response for this isted below are attack. Referral agency the proposed develocation the subject of	development application the this form, or include	ation? ment applica Date referrence nat was the second details in a	ral response subject of the schedule to this

Postal address (P.O. Box or street address)	PO Box 649		
Suburb		Kununurra		
State		WA		
Postcode		6743		
Contact number		0407 770 482		
Email address (non-mandatory)		angelajdwyer@gma	il.com	
Mobile number (non-mandatory)				
Fax number (non-mandatory)				
15) Builder's details				
Tick if a builder has not yet been e	ngaged	to undertake the wo	rk and proceed to 16). Other	erwise provide the
following information.		I Duniar Duildian an	ad Comptention	
Name(s) (individual or company full name)		J Dwyer Building an	ia Construction	
Contact name (applicable for companies)	.b.a.u	Jason		
QBCC licence or owner – builder num		1047837 PO Box 1435		
Postal address (P.O. Box or street address)			
Suburb		Mossman QLD		
State Postcode		4873		
Contact number		0418 941 697		
		0416 941 697		
Email address (non-mandatory) Mobile number (non-mandatory)				
Fax number (non-mandatory)				
T ax Humber (non-mandatory)				
16) Provide details about the propose	d buildi	na work		
a) What type of approval is being sou				
□ Development permit				
☐ Preliminary approval				
b) What is the level of assessment?				
Code assessment				
Impact assessment (requires public no				
c) Nature of the proposed building wo New building or structure	rk (tick	all applicable boxes)		no or additions
		h vilalia avvoa ule)	☐ Repairs, alteratio☐ Swimming pool a	
☐ Change of building classification (iiii) ☐ Demolition	nvoiving i	ouliding work)	Relocation or ren	
d) Provide a description of the work be	olow or	in an attached school	_	IOVAI
New Dwelling, attached patio and car		in an attached sched	iule.	
New Dwelling, attached patio and car	port			
e) Proposed construction materials				
⊠ b	rick] Steel	Curtain glass
	rick ve	neer	Timber	Aluminium
	Stone/co	oncrete	Fibre cement	Other
Frame	imber] Steel	Aluminium
	Other			

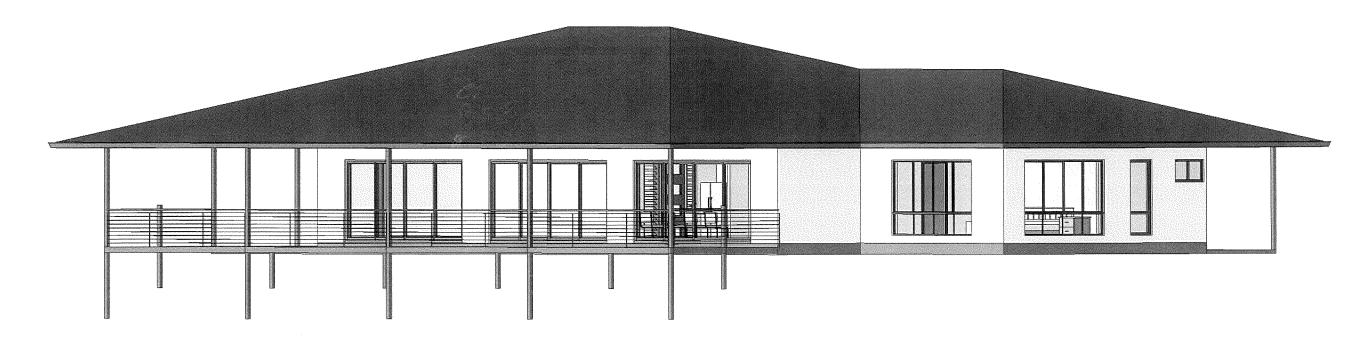
Floor		Timber	Other
Poof covering	☐ Slate/concrete	Tiles	Fibre cement
Roof covering	Aluminium		Other
f) Existing building use/o	classification? (if applicable)		
g) New building use/class	ssification? (if applicable)		
1a, 10a, 10a			
Relevant plans.	uired to be submitted for all aspects of this e proposed works are attached to		
17) What is the monetar	y value of the proposed building v	vork? \$600000	
10) Has Oussesland Ha	ma Warranty Sahama Inguranca I	boon poid?	
Yes – provide details	ome Warranty Scheme Insurance	been paid?	
⊠ No			
Amount paid	Date paid (dd/mm/yy)	Reference	number
\$			
	LIST AND APPLICANT [DECLARATION	
19) Development applic			
·	orm 2 – Building work details have	<u> </u>	⊠ Yes
	cation includes a material change accompanied by a completed For		or ☐ Yes ☐ Not applicable
•	evelopment are attached to this de uired to be submitted for all aspects of this uide: Relevant plans.		rther 🛛 Yes
The portable long service development permit is is	e leave levy for QLeave has been ssued	paid, or will be paid befo	re a ⊠ Yes ☐ Not applicable
20) Applicant declaration			
correct ⊠ Where an email addi	lopment application, I declare that ress is provided in Part 1 of this for anager and any referral agency for	rm, I consent to receive fu	uture electronic communications
required or permitted pu Note: It is unlawful to intention	rsuant to sections 11 and 12 of th nally provide false or misleading informatio	e Electronic Transactions on.	Act 2001
assessment manager, a engaged by those entitie All information relating to published on the assess	any referral agency and/or building es) while processing, assessing ar this development application ma ment manager's and/or referral ag	certifier (including any pr nd deciding the developm by be available for inspecti gency's website.	ion and purchase, and/or
and the DA Rules excep		irelated to the Planning Ad	ct 2016, Planning Regulation 2017
			euments contained in the <i>Planning</i> ne <i>Planning Act 2016</i> and Planning

- required by other legislation (including the Right to Information Act 2009); or
- otherwise required by law.

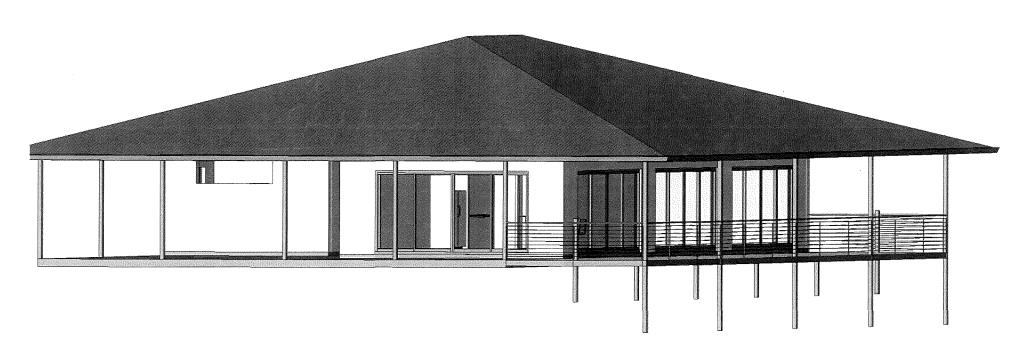
This information may be stored in relevant databases. The information collected will be retained as required by the *Public Records Act 2002.*

PART 7 –FOR COMPLETION BY THE ASSESSMENT MANAGER – FOR OFFICE USE ONLY

Date received:	Reference r	numbers:	:		
For completion by the building c Classification(s) of approved bu					
Name		QBCC number	Certification Licence r	QBCC numbe	Insurance receipt
Notification of engagement of all Prescribed assessment manage Name of chosen assessment management of all prescribed assessment management of chosen assessment management of chosen assessment management of all prescribed assessment management of chosen assessment	er anager ger engaged ssment manager		t manager		
Additional information required by	•	ment			
Confirm proposed construction	materials:				
External walls	☐ Double brick ☐ Brick veneer ☐ Stone/concret	e	Steel Timber Fibre cement		☐ Curtain glass ☐ Aluminium ☐ Other
Frame	☐ Timber☐ Other		Steel		Aluminium
Floor	☐ Concrete		☐ Timber		Other
Roof covering	Slate/concrete)	☐ Tiles ☐ Steel		☐ Fibre cement ☐ Other
Additional building details require		n Burea	u of Statistics		
Existing building use/classification					
New building use/classification? Site area (m²)			Floor area (m²)		
Oito aica (III)			1 loor area (III)		



1 3D - front right



2 3D - rear right

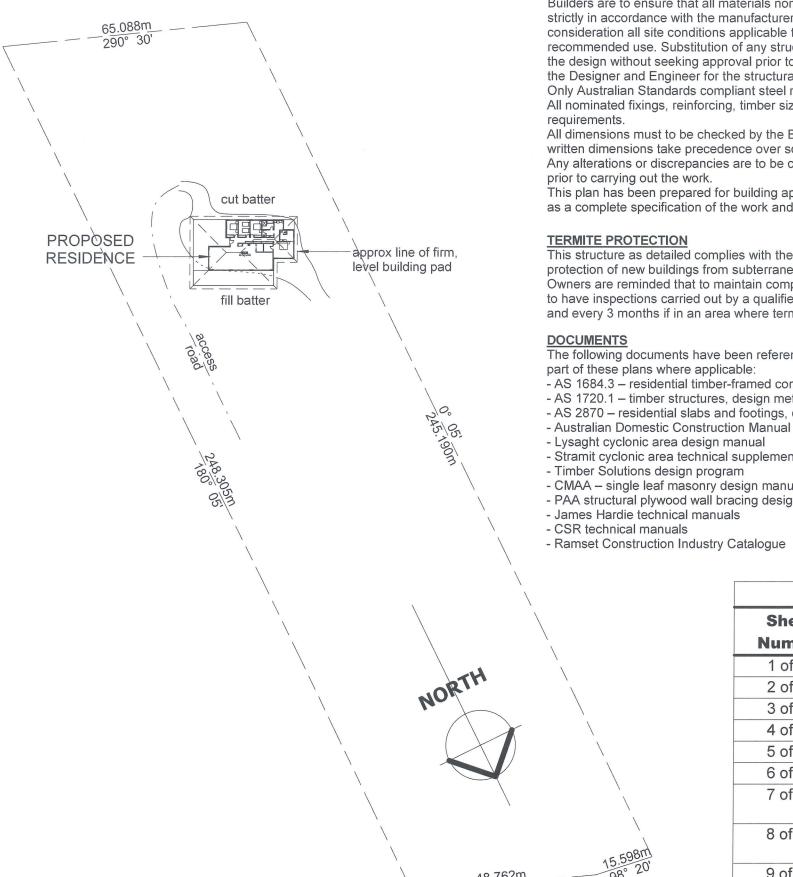
GREG SKYRING
Design and DRAFTING Pty. Ltd.

Lic Under QBSA Act 1991 - No 1040371

11 Noli Close, Mossman Q. 4873 Phone/Fax: (07) 40982061 Mobile: 0419212652 Email: greg@skyringdesign.com.au PROJEC

Proposed Residence, L3 RP898230, Santacattarina Road, FINLAYVALE

CLIENT		WIND CLASS	PLAN NUMBER	SHEET
A. Dwyer		C2	101-19	1 of 11
SCALES	PLAN TITLE	L.,,	DATE OF ISSUE	REV
	3D Views		12.12.19	А



Site Plan

1:1000

GENERAL

All construction is to comply with C2 building standards, Building Code of Australia, all relevant legislation, and Council By-Laws.

Builders are to ensure that all materials nominated on this plan are used and fixed strictly in accordance with the manufacturers specifications, also taking into consideration all site conditions applicable to the materials allowable and recommended use. Substitution of any structural members, or variation to any part of the design without seeking approval prior to changing will void any responsibility of the Designer and Engineer for the structural integrity and performance of the building. Only Australian Standards compliant steel members are to be used in this building All nominated fixings, reinforcing, timber sizes and grades etc are the minimum

All dimensions must to be checked by the Builder prior to commencing any work written dimensions take precedence over scaled.

Any alterations or discrepancies are to be clarified with the plan Author or Engineer prior to carrying out the work.

This plan has been prepared for building approval only and is not intended to be read as a complete specification of the work and finishes to be carried out on this project.

TERMITE PROTECTION

This structure as detailed complies with the provisions of AS3660.1 for the protection of new buildings from subterranean termites.

Owners are reminded that to maintain compliance with AS3660.1 they are advised to have inspections carried out by a qualified person every 12 months generally, and every 3 months if in an area where termite risk is high.

The following documents have been referenced to produce these plans and form part of these plans where applicable:

- AS 1684.3 residential timber-framed construction
- AS 1720.1 timber structures, design methods
- AS 2870 residential slabs and footings, construction
- Lysaght cyclonic area design manual
- Stramit cyclonic area technical supplement
- Timber Solutions design program
- CMAA single leaf masonry design manual
- PAA structural plywood wall bracing design manual
- James Hardie technical manuals
- CSR technical manuals

SANTACATTARINA ROAD

- Ramset Construction Industry Catalogue



Sheet List			
Sheet			
Number	Sheet Name		
1 of 11	3D Views		
2 of 11	Site Plan, Sheet List, Notes		
3 of 11	Floor Plan		
4 of 11	Elevations - Sheet 1		
5 of 11	Elevations - Sheet 2		
6 of 11	Foundation and Floor Framing Plan		
7 of 11	Foundation and Floor Framing Details, Notes		
8 of 11	Roof Framing and Drainage Plan, Details		
9 of 11	Wall and Roof Framing Details		
10 of 11	Section 1, Notes		
11 of 11	Electrical Plan		

INTERNAL BRACING WALLS

WALL FIXING

- Fix top plate to floor frame with 1/M12 at bracing section ends and at 1200 max. crs.
- Fix top plate to crossing or parallel truss framing at M12 wall reinf locations to comply with AS1684.3 Table 8.23 to achieve 7.6 kn.
- Fix end studs to external walls with 1/12Ø dynabolt or No 14-10 Type 17 screw at top, bottom, and at 1200 crs. SHEETING
- Line one side with 4mm F22 structural ply or equivalent, nail fixed to manufacturers specifications to achieve minimum 6.4 kn/m nominal bracing (2.7m high walls).

All bolts, screws, nails, brackets, framing anchors and other hardware in contact with preservative treated timber, should be hot dipped galvanised, monel, silicon bronze, or stainless steel. Unless noted otherwise, all bolts are to be hex-head.

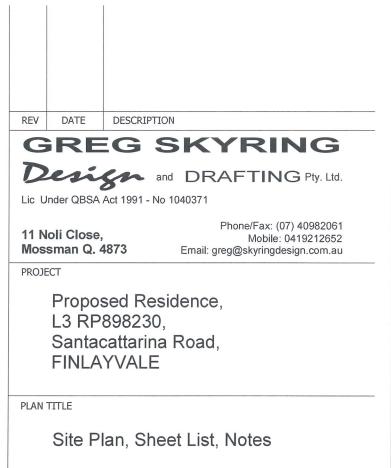
Washers as listed below are to be used with all bolted connections involving timber, where bolt is in tension;

M10 - 38 x 38 x2.0 M12 - 50 x 50 x 3.0 M16 - 65 x 65 x 5.0

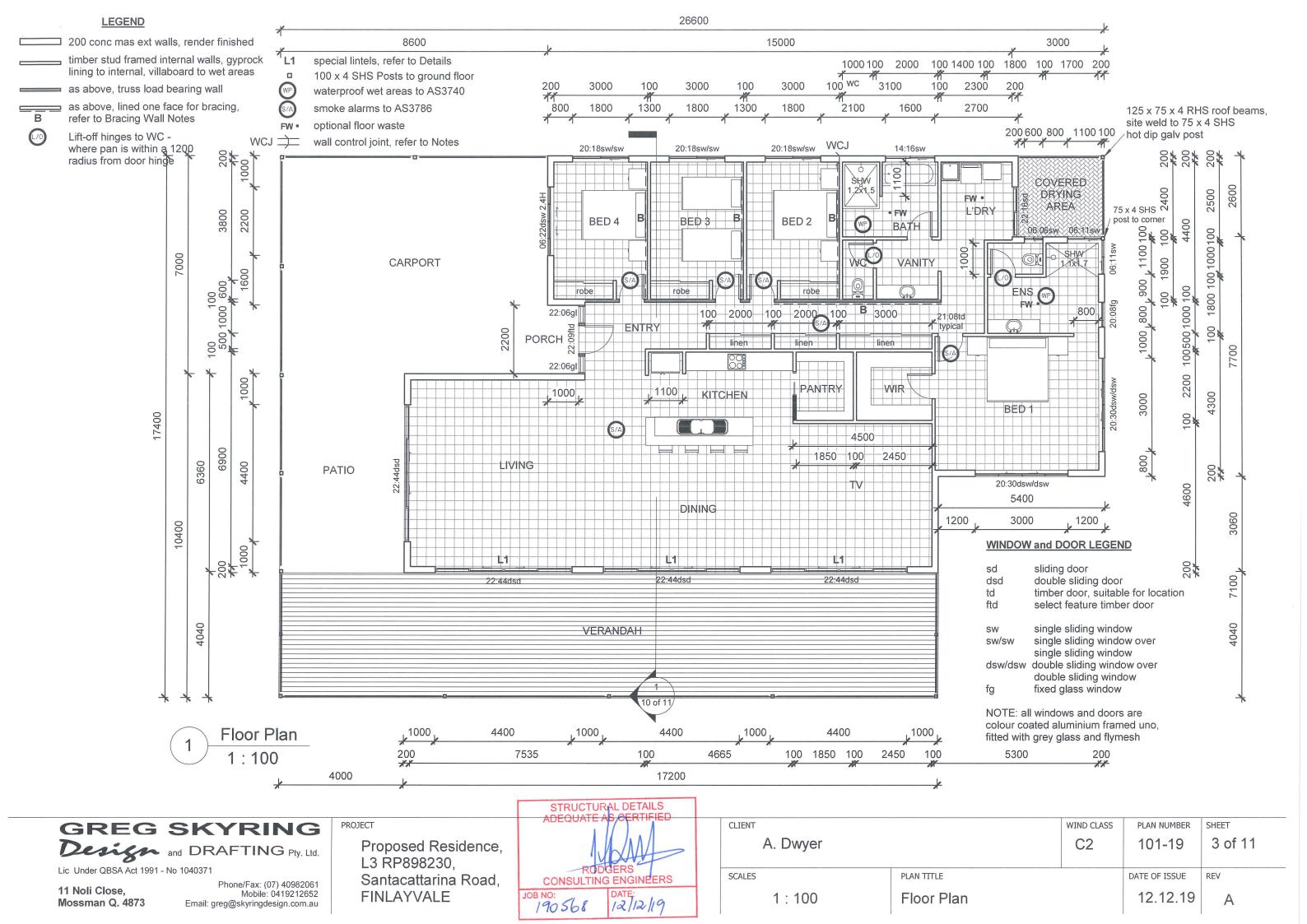
CLIENT

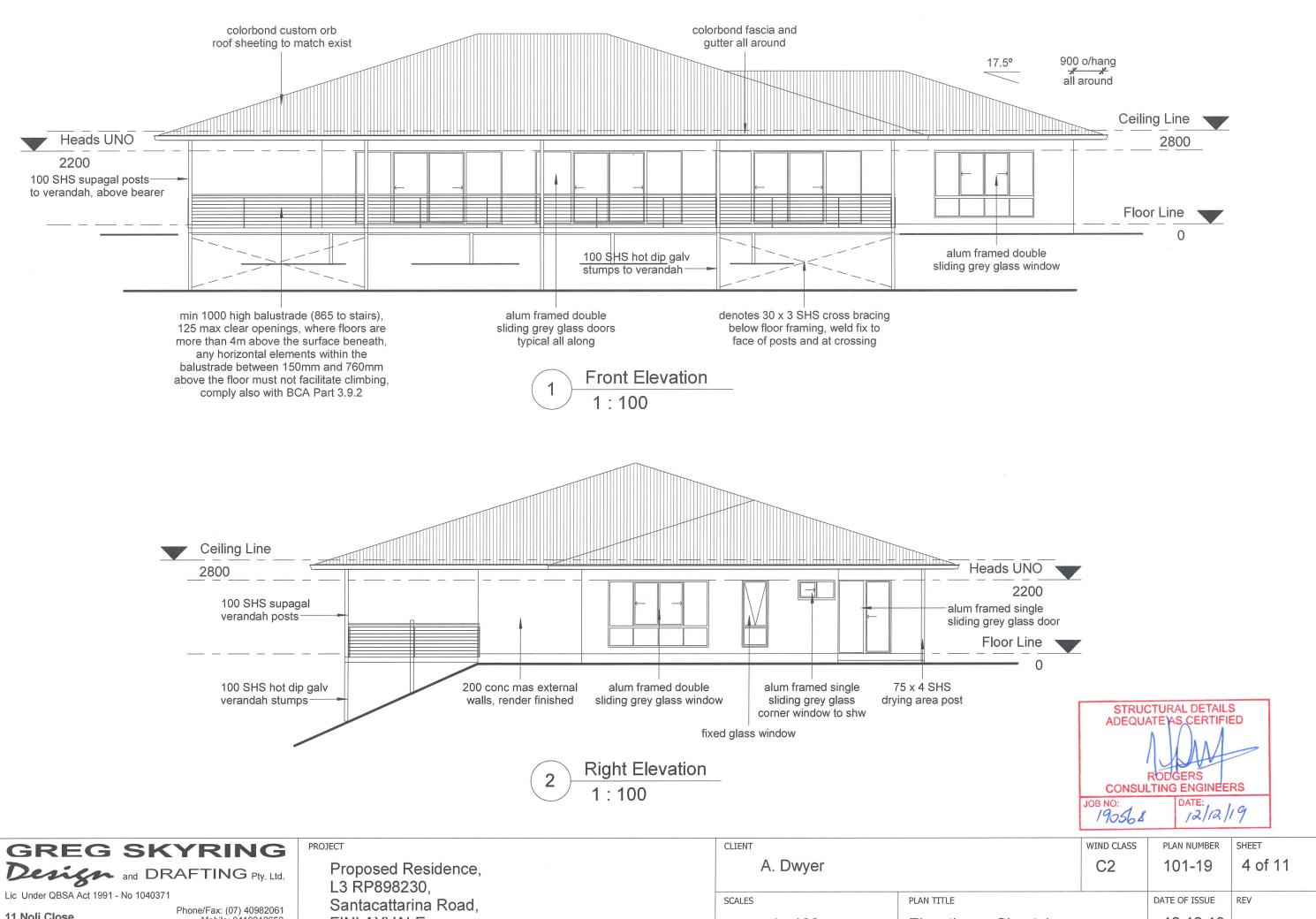
A. Dwyer

At connections to steel plates, use standard round washers for the bolt diameter used. UNO.



SHEET NO WIND CLASS PLAN NO **SCALES** 101-19 2 of 11 1:1000 C2 REV.





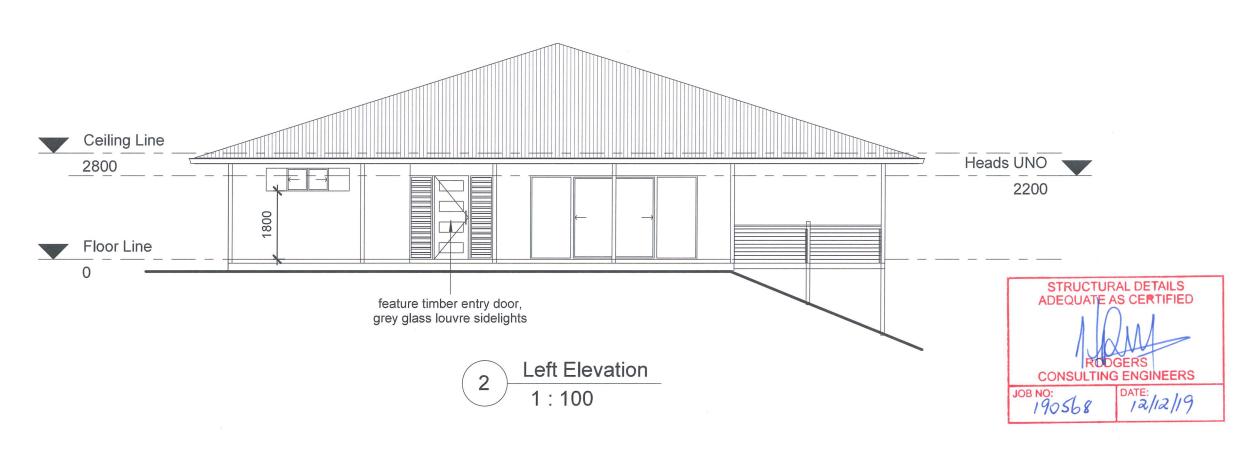
11 Noli Close, Mossman Q. 4873

Mobile: 0419212652 Email: greg@skyringdesign.com.au **FINLAYVALE**

1:100 Elevations - Sheet 1 12.12.19 Α



1 Rear Elevation 1: 100



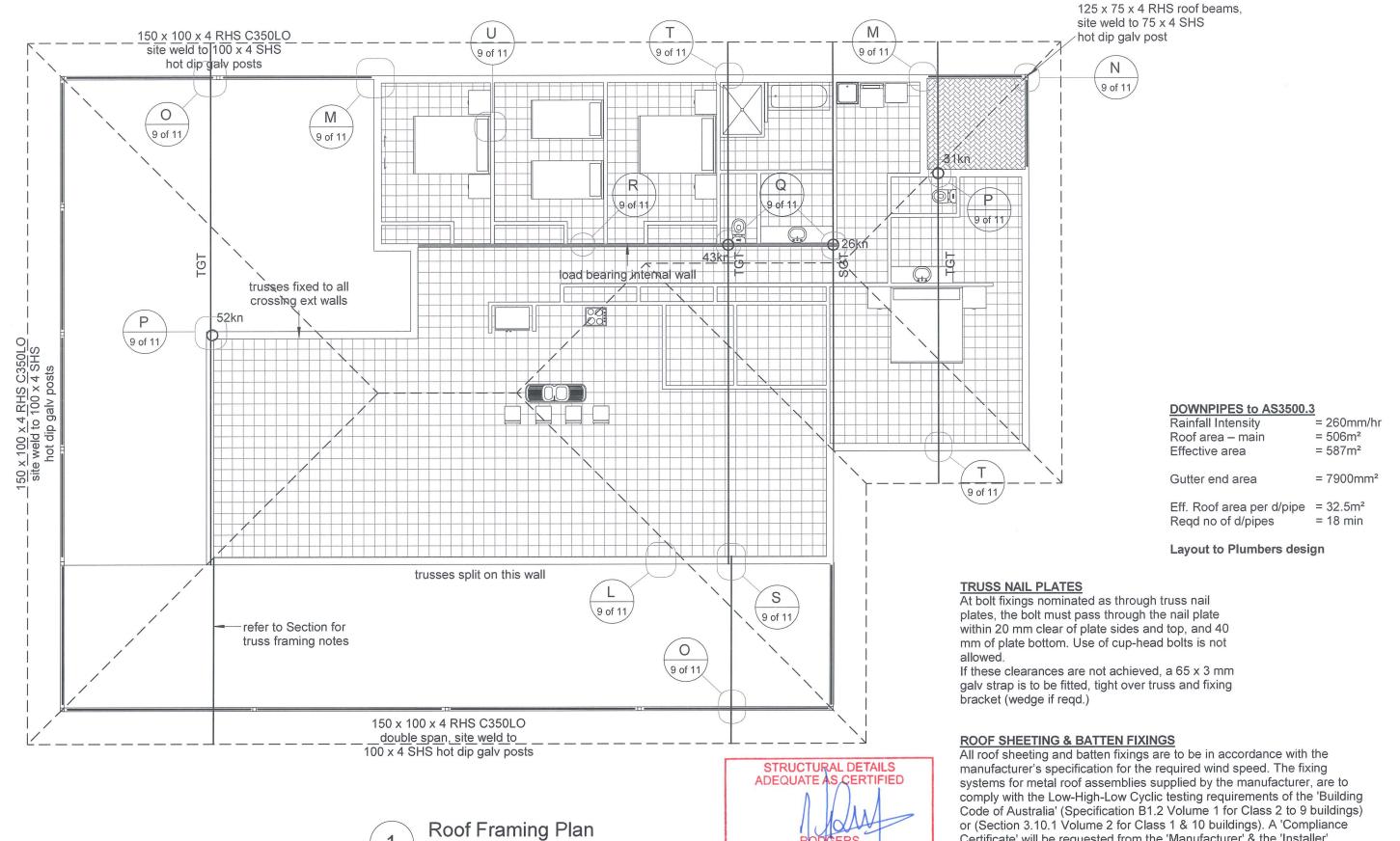
GREG SKYRING

Design and DRAFTING Pty. Ltd.

Lic Under QBSA Act 1991 - No 1040371

11 Noli Close, Mossman Q. 4873 Phone/Fax: (07) 40982061 Mobile: 0419212652 Email: greg@skyringdesign.com.au Proposed Residence, L3 RP898230, Santacattarina Road, FINLAYVALE

	WIND CLASS	PLAN NUMBER	SHEET
	C2	101-19	5 of 11
PLAN TITLE		DATE OF ISSUE	REV
Elevations - Sheet 2		12.12.19	А
		C2 PLAN TITLE	C2 101-19 PLAN TITLE DATE OF ISSUE



GREG SKYRING

Design and DRAFTING Pty. Ltd.

Lic Under QBSA Act 1991 - No 1040371

11 Noli Close, Mossman Q. 4873 Phone/Fax: (07) 40982061 Mobile: 0419212652 Email: greg@skyringdesign.com.au PROJECT

Proposed Residence, L3 RP898230, Santacattarina Road, FINLAYVALE

1:100

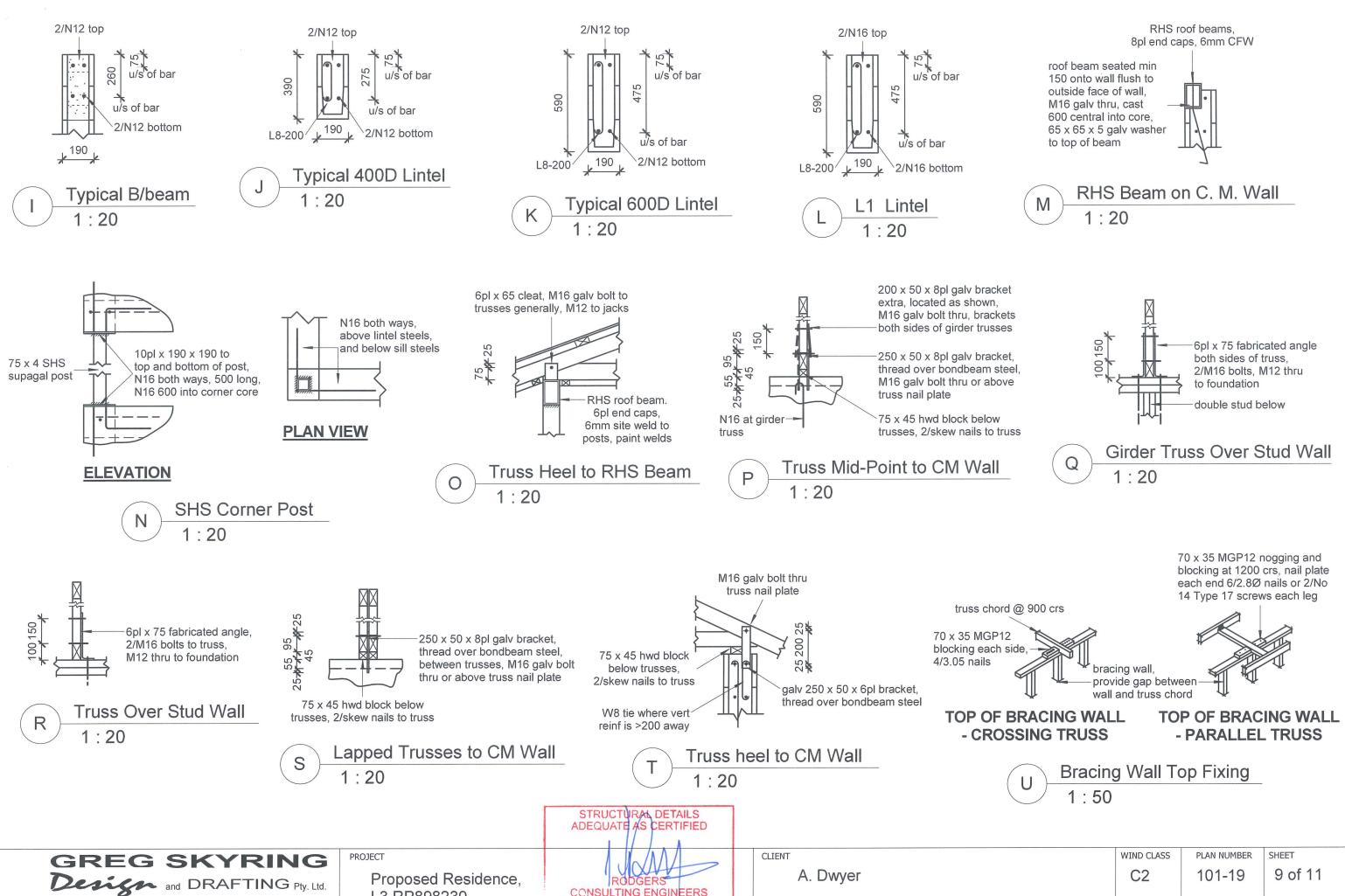
SCALES

A. Dwyer

C2

PLAN TITLE
Roof Framing and Drainage
Plan, Details

PLAN TITLE
Roof Framing and Drainage
Plan, Details



11 Noli Close, Mossman Q. 4873

Lic Under QBSA Act 1991 - No 1040371

Phone/Fax: (07) 40982061 Mobile: 0419212652 Email: greg@skyringdesign.com.au

L3 RP898230, Santacattarina Road, **FINLAYVALE**

CONSULTING ENGINEERS DATE: 12/12/19 19056 8

SCALES

PLAN TITLE DATE OF ISSUE REV Wall and Roof Framing Details 12.12.19 As indicated Α

GMA Certification Group

BUILDING SURVEYORS

GMA CERTIFICATION PTYLID

Leaders in Building Certification Services

Port Douglas Office

P: 07 4098 5150 F: 07 4098 5180 E: adminpd@gmacert.com.au
Unit 5, Owen Street
Craiglie Business Park Craiglie
PO Box 831 Port Douglas QLD 4877

16 Jan 2020

J Dwyer Building & Construction P O Box 1435 MOSSMAN QLD 4873

Dear Jason,

Confirmation notice

Re: GMA Certification Group Ref No. 20200140

Lot 3 on RP 898230

Santacatterina Rd FINLAYVALE 4873

The development application described above was properly made to the GMA Certification Group on 14 Jan 2020

Public notification details

Part 4 of the Development Assessment Rules is not applicable to this development application.

Referral details

Part 2 of the Development Assessment Rules is applicable.

The development application must be referred to all relevant referral agency(s) within 10 business days starting the day after receiving this notice, or a further period agreed with the assessment manager; otherwise the application will lapse under section 31 of the Development Assessment Rules.

Yours sincerely,

Kyall Evans

GMA Certification Group