

APPLICATION FOR WORKS – ALTERATION AND ADDITIONS**About this form:**

You can use this form to request approval to undertake alterations and/or additions to your property. WHC will endeavour to respond to your application within twenty eight (28) days.

How to complete this form

1. Ensure that all fields have been correctly filled out.
2. Once completed you can submit this form in mail or in person. Please refer to Part 8 Lodgement details section for further information

Part 1: Site Details

Property Address:

Part 2: Applicant Details

Full Name:

Home Number:

Mobile Number:

Email Address:

Note: It is important that we are able to contact you if further information is required. Please provide as much detail as possible.

Part 3: Proposed Works Description (*Please tick where applicable*)

Type of dwelling:

Unit ☐Attached House ☐Single Dwelling ☐

Works Requested:

Air Conditioning ☐

Pergola ☐

Satellite Dish ☐

FOXTEL ☐

Shed ☐

Blinds ☐

Other (Please specify):

1.

2.

Reason for work requested:

.....
.....
.....

Detailed scope of works to be performed (*Attach separate supplement, if required*):

1.

2.

Note: Please attach concept drawing and plan of proposed works and location.

Please give us as much detail as possible. It is possible to obtain the details from the Installer / Contractor.

Part 4: Installer/ Contractor Details

The applicant is to provide details of the person engaged to carry out the proposed works. Tradesperson needs to hold all of the following licences/certificates and attach copies to this application.

Organisation/Company Name:

ABN/ACN:

Address:

Email:

Business Tel No: Fax Number:

Trade Licence No: Licence Type: Expiry Date:

Workers Compensation No: Sum Insured: Expiry Date:

Public/Product Liability No: Sum Insured: Expiry Date:

Personal Liability No: Sum Insured: Expiry Date:

Part 5: Installer / Contractor Declaration

This section is to be filled out by the Installer / Contractor

- I certify that the works I undertaken and complete will be in accordance with the requirements of all Council and other local authorities, WorkCover, Australian and BCA Standards as hereby indemnify SGCH against all claims and liabilities, current and future, that arise in relation to the proposed works to be undertaken.
- I certify that I have an OH&S policy and procedure in place to undertake the works and will undertake a Risk Assessment in accordance with Safe Work Method practises. I will make all relevant information upon request.

Contractor Name: Signature: Date:

Tenant's Name: Signature: Date:

Part 6: Applicant Declaration

- I apply for approval to carry out the works as described in this application. I declare that all the information in the application and checklist is true and correct.
- I also understand that if the information is incomplete, the application may be delayed or rejected or more information may be requested. I acknowledge that if the information is misleading, any approval granted may be void.
- I agree to undertake this works at cost to myself with and WHC will not be liable for any payment towards the works.
- I agree to make good any damages that may arise of the works undertaken by the contractor engaged and/or as directed by WHC. Failure of me doing so may result in WHC undertaking remedial works and the cost will be charged back to me.
- I agree to return the property back to its original condition at the end of my tenancy and/or as directed by WHC. Failure of me doing so may result in WHC undertaking remedial works and the cost will be charged back to me.
- I certify that the works I undertaken and complete will be in accordance with the requirements of all Council and other local authorities, WorkCover, Australian and BCA Standards as hereby
- Indemnify WHC against all claims and liabilities, current and future, that arise in relation to the proposed works to be undertaken.

Applicant Name: Signature: Date:

Witness Name: Signature: Date:

Part 7: Applicants Checklist

The following information is required for every application in hard copy/ printed format where you are using your own contractor.

- Installer / Contractor License copy
- Installer / Contractor Workers Compensation Copy
- Installer / Contractor Public Product Liability Copy
- Installer / Contractor Personal Liability copy (applicable if the contractor is a sole trader)
- Detailed scope of proposed works and concept drawings showing location of works
- Detail of product being installed / used (e.g. makes, description, size, location, colour etc)
- Specialist Medical Report if relevant (Note: This is not a GP – General Practitioner report)
- Occupational Therapist Report, if applicable

Part 8: Lodgement Details

You can lodge your completed application form to the Asset Team either by:

MAIL: WHC Suite 901, Level 9, 418A Elizabeth St, Surry Hills, NSW 2010.

IN PERSON: WHC Suite 901, Level 9, 418A Elizabeth St, Surry Hills, NSW 2010.

EMAIL: repairs@womenshousingcompany.org

For further information regarding your application please contact WHC during business hours 9.00am to 4.30pm, Monday - Friday.

WHC OFFICE USE ONLY - This section to be completed by Property Services within 28 days.

Application Receipt Date: Application Received by:

Works Done by:

Tenant ☐

WHC ☐

Other:

Costs to be paid by: ☐

Tenant **X**

WHC ☐

Other:

If other, please advise details:

Contact Name:

Address:

Work approved by: Signature..... Date.....