



### SECURITY LODGEMENT FORM

This sheet must be completed prior to the acceptance of any bond by Council.

Development Name:		
Stage:	DA No.	
Applicant Name:		
Applicant Email Address and Contact Number:		
Consultant Name:		
Purpose of Bond:		
<input type="checkbox"/> Construction Security	<input type="checkbox"/> Defects Liability	<input type="checkbox"/> Uncompleted Works

<b>Construction/Defects Liability Bond Assessment</b>	
Consultant Engineer's estimated value of completed works	\$
Construction/Maintenance Bond Value (apply factor 0.05) (Min \$5,000.00)	\$
<b>Uncompleted Works Bond Assessment</b>	
Estimated time to complete bond works (not greater than 90 days)	days
Consulting Engineer's estimated value of uncompleted works	\$
Bond Value (apply factor 1.50)	\$

Consulting Engineer:

Signature:

Date: