

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: Construction Security Defects Liability Uncompleted Works Construction/Defects Liability Bond Assessment Consultant Engineer's estimated value of completed works Construction/Maintenance Bond Value (apply factor 0.05) (Min \$5,000.00) \$ Uncompleted Works Bond Assessment 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:	<u> </u>		•	<u>-</u>		
Applicant Name: Applicant Email Address and Contact Number: Consultant Name: Purpose of Bond: Construction Security Defects Liability Uncompleted Works Construction/Defects Liability Bond Assessment Consultant Engineer's estimated value of completed works \$ Construction/Maintenance Bond Value (apply factor 0.05) (Min \$5,000.00) \$ Uncompleted Works Bond Assessment 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:	Development Name:					
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Signature:	Bond Value (apply factor 1.50)				\$	
	Signature:					