## **Pre-Construction Verification**

## TO BE LODGED AND SUBMITTED 5 WORKING DAYS PRIOR TO WORKS COMMENCING

| Title Reference:    |              |                |                     |                   | Vol:          | Folio: |   |   |
|---------------------|--------------|----------------|---------------------|-------------------|---------------|--------|---|---|
| SPEAR Ref:          |              |                |                     |                   | WPW Ref:      | -      | - | - |
| Service             |              |                |                     |                   |               |        |   |   |
| (please tick):      | Water        | Sewer          | Recycled wate       | r (where applical | ole)          |        |   |   |
| Developme           | nt Deta      | ils            |                     |                   |               |        |   |   |
| Development na      | me:          |                |                     |                   |               |        |   |   |
| Development ad      | dress:       |                |                     |                   |               |        |   |   |
| Developer:          |              |                |                     |                   |               |        |   |   |
| Accredited Cons     | sultant:     |                |                     |                   |               |        |   |   |
| Consultant posta    | al address:  |                |                     |                   |               |        |   |   |
| Consultant refer    | ence:        |                |                     |                   |               |        |   |   |
| 1. Information      | on           |                |                     |                   |               |        |   |   |
| Required Docum      | nentation    |                |                     |                   |               |        |   |   |
| Project Qualit      | ty Plan (inc | lude Consul    | tant's risk based A | Audit Schedule)   |               |        |   |   |
| Contractor's F      | Public Liab  | ility insurand | ce                  |                   |               |        |   |   |
| Contractor's S      | Safe Work    | Method Sta     | tement (SWMS)       |                   |               |        |   |   |
| Issue For Con       | struction (  | IFC) drawing   | gs                  |                   |               |        |   |   |
| Inspection Te       | st Plan (ITF | P) and Hold F  | Points              |                   |               |        |   |   |
| Works Program       |              |                |                     |                   |               |        |   |   |
| Commencement        | date:        |                |                     | Expected com      | pletion date: |        |   |   |
| Working hours:      |              |                |                     |                   |               |        |   |   |
| Pre-commencer Date: | nent meeti   | ng             |                     | Tiı               | me:           |        |   |   |
| Personnel           |              |                |                     |                   |               |        |   |   |
| Developer comp      | any name:    |                |                     |                   |               |        |   |   |
| Phone:              |              |                |                     |                   |               |        |   |   |
| Developer email     | address:     |                |                     |                   |               |        |   |   |



| Phone: Principal Contractor email address: Construction auditor (Consultant's): Phone: Construction supervisor (Contractor's): Phone: Licensed surveyor (if not using Westernport Water): Subcontractors Developer company name: Phone: Developer email address: Principal Contractor name: Phone: Principal Contractor email: Contractor: Phone: 2. Consultant's Assurance As the Consultant's Senior Management Representative responsible for the project management of the works detailed in Westernport Water's Development Agreement, I verify that: The project management of the works detailed in Westernport Water's Development Agreement will proceed in accordance with the lodged Project Management Plan and Audit Schedule.  Name of the Consultant: Company name: Address: Phone:               | Contractors   |            |
|--|---|------------|
| Principal Contractor email address:  Construction auditor (Consultant's):  Phone:  Construction supervisor (Contractor's):  Phone:  Licensed surveyor (if not using Westernport Water):  Subcontractors  Developer company name:  Phone:  Developer email address:  Principal Contractor name:  Phone:  Principal Contractor email:  Contractor:  Phone:  2. Consultant's Assurance  As the Consultant's Senior Management Representative responsible for the project management of the works detailed in Westernport Water's Development Agreement,  I verify that:  The project management of the works detailed in Westernport Water's Development Agreement will proceed in accordance with the lodged Project Management Plan and Audit Schedule.  Name of the Consultant:  Company name:  Address:  Phone: | Principal Contractor name:  |            |
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| Address: Phone:  | Name of the Consultant:   |            |
| Phone:   | Company name:   |            |
|  | Address:  |            |
| Consultant's signature: Date:  | Phone:  |            |
|  | Consultant's signature: Date:   |            |
| I agree to notify Westernport Water within 24 hours of any changes to the information certified above.   | I agree to notify Westernport Water within 24 hours of any changes to the information certified above   | ve.        |



2 Boys Home Road Newhaven 3925 Victoria, Australia

T 1300 720 711 F 03 5956 4101 we stport@western portwater.com. auwesternportwater.com.au





