

NCAT NSW Civil & Administrative Tribunal

Home building application

CONSUMER AND COMMERCIAL DIVISION

Complete this form to apply for orders about residential building work under the *Home Building Act 1989*. Visit the NCAT website for information on how to complete this application form. You can also apply online using <u>NCAT Online</u> <u>Services</u>.

File Number Office use only

1. DISPUTE DETAILS

A. PLACE OF DISPUTE

What is the address residential building work has been undertaken? Include suburb and postcode

B. HAVE YOU ATTEMPTED TO RESOLVE THE DISPUTE WITH NSW FAIR TRADING?

The Home Building Act 1989 requires all home building disputes to be investigated by NSW Fair Trading before lodging with NCAT.

Yes – You must attach a letter from NSW Fair Trading

No – You must contact NSW Fair Trading unless your application is about one of the issues below.

C. IS YOUR MATTER EXEMPT FROM NSW FAIR TRADING INVESTIGATION?

| f your matter is about one of the following issues your application | n may be accepted without an investigation under s 48J |
|---|--|
| Home Building Act 1989. For more information read NCAT Proce | dural Direction 5 – Acceptance of home building claims |

Tick box if applicable

ſ

| Appeal against a decision of an insurer under a contract of insurance required to be entered into under the Act |
|---|
| |
| |
| |
| |

- Recovery of a debt by a contractor
- A cross-claim to an existing NCAT matter
- Where the time for lodging a claim is due to expire within 3 months
- Involves unlicensed contractors
- A trader against a subcontractor regarding defective work
- Involving companies that have been de-registered

Against companies or individuals who have gone into administration, liquidation or bankruptcy.

D. CONTRACTOR'S LICENCE

What is the contractor's licence number (if applicable)?

E. WHAT IS THE TOTAL VALUE OF THE CLAIM

The work, services or goods are to the approximate value of:

\$

2. APPLICANT

| Α. | APPLICANT TYPE Tick the box that best describes the person or organisation making this application. | | | | |
|----|--|-----------------------------|---|--|--|
| | Owner | Contractor Other (plea | ease specify) | | |
| B. | APPLICANT CONTACT DETAILS For multiple applicants attach details on a separate sheet. | | | | |
| | First name: Last name: | | | | |
| | Organisation name (if applicable): | | | | |
| | ACN/ABN: | | | | |
| | Address: | | | | |
| | | | | | |
| | Telephone: | | | | |
| | - | | | | |
| | Email: | | | | |
| | If you provide an email address, NCAT will use your email as the address for service | | | | |
| C. | ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER? | | | | |
| | 🗌 No | Prefer not to answe | er | | |
| | 🗌 Yes - Aborio | ginal Yes - Torres Strait I | Islander Yes - both Aboriginal and Torres Strait Islander | | |
| D. | APPLICANT REPRESENTATIVE DETAILS If the applicant is represented the representative's contact details will be used as the applicant's address for service. Attac the authority to act for the applicant. | | | | |
| | Legal Pract | tioner Agent | Other (please specify) | | |
| | First name: | | Last name: | | |
| | Organisation name (if applicable): ACN/ABN: | | | | |
| | | | | | |
| | Address: | | | | |
| | | | | | |
| | Telephone: | | | | |
| | - | | | | |
| | Email: | | | | |
| | If you provide an email address, NCAT will use your email as the address for service | | | | |
| 3. | RESPOND | ENT | | | |
| A. | | | | | |
| | | | | | |
| | Owner | Contractor Other (plea | ease specify) | | |

B. RESPONDENT CONTACT DETAILS

For multiple respondents attach details on a separate sheet. You must provide the correct name and address for service for each respondent.

First name:

Last name:

Organisation name (if applicable):

ACN/ABN:

Address:

Telephone:

Email:

4. ORDERS AND REASONS

A. WHAT ORDERS DO YOU WANT?

Write down the section number of the *Home Building Act 1989* and the orders you want NCAT to make. For more information go to the <u>NCAT website</u>.

B. WHY ARE YOU APPLYING TO NCAT?

Explain why you are asking NCAT to make the above orders. This will help NCAT and the respondent understand why you have made this application.

5. LANGUAGE AND DISABILITY SUPPORT

A. INTERPRETER

Do you need an interpreter for the hearing?

No Yes (specify language):

B. SUPPORT REQUIREMENTS

Do you have a disability-related need or other request for support at the hearing?

6. SIGNATURE

Applicant's signature or signature of representative.

Name

Signature

Date

Lodge your application and pay the fee with NCAT Online Services or at your nearest NCAT Registry For NCAT Consumer and Commercial Division Registry locations visit the <u>NCAT website</u>. For all NCAT enquiries telephone 1300 006 228 or visit www.ncat.nsw.gov.au.