



**CTTT**  
Consumer,  
Trader &  
Tenancy  
Tribunal

## **HOME BUILDING DIVISION**

Includes notification and orders about:

- home building disputes
- appeals relating to insurance claims concerning home building work
- disciplinary proceedings against holders of licences or certificates

## Application Form and Information about the Tribunal

Please read this information before completing the application form. **This is a guide only.** You should look at the whole of the legislation when making your application.

- ***The Tribunal will make decisions on disputes which are unable to be resolved by the Building Conciliation Service.***

SECTION	TO DO WHAT	WHO MAY APPLY
<b>Home Building Act 1989</b>		
<b>48 O</b>	Determine the following claims: (a) To pay a specified sum of money. (b) Not to pay a specified sum of money. (c) To supply specified services. (d) To deliver, return or replace specified goods or goods of a specified description. • To obtain a combination of two or more of these remedies. (Time limit 3 years – except in certain circumstances)	Any person
<b>48 A (2)</b>	• Appeal against a decision of an insurer under a contract of insurance required to be entered into under this Act. (Time limit 10 years)	
<b>48 K (7)</b>	• To claim compensation for a loss arising from a breach of a statutory warranty. (Time limit 7 years)	
<b>85</b>	• Appeal against a decision of the Director-General, Department of Fair Trading. (Time limit: 30 days)	The person deemed to have entered into a house purchaser's agreement under the Builder's Licensing Act 1971 and who is aggrieved by any decision of the Director-General in connection with the building work.

<b>Contracts Review Act 1980</b>		
<b>11</b>	(a) To obtain relief in relation to an unjust contract for residential building work or specialist work. (Refers to section 89D of the Home Building Act 1989. - A time limit of 2 years applies)	Any person

### Additional Information

#### Question 1 Notification of building dispute

If you have not lodged a Notification of a Building Dispute with the Tribunal you should obtain advice before completing this form.

#### Question 6 Details of the Respondent

- If the claim is against an individual, provide the individual's full name and address.
- If the claim is against a business or company, provide the owner's name, if possible, and the registered office and trading addresses.
- If the claim is against a partnership, provide the full name and address of at least one of the partners.

- If the claim is against an association, provide the name and address of the public officer of the association.

If you want to claim against more than one respondent, include these names and addresses on a separate sheet of paper.

#### Question 5, 9 Australian Company Number, (ACN)

If you require assistance to obtain the correct company or business name and its ACN you can contact any Fair Trading Centre or the Department of Fair Trading on 133220.

# CONSUMER, TRADER & TENANCY TRIBUNAL - Home Building Division

Notification and/or Application for an Order under the *Home Building Act 1989*

A copy of this application and any attached information will be provided to the other party

1.	<b>Have you lodged a separate <i>Notification of a Building Dispute</i> form with the Tribunal?</b> <input type="checkbox"/> Yes ( If Yes, attach evidence of the result) <input type="checkbox"/> No – Your notification of dispute will be referred to the Building Conciliation Unit				
2.	Should your dispute proceed to a hearing, how do you want your application to be decided? (The Tribunal will attempt to accommodate your request.): <input type="checkbox"/> On the basis of the written submissions from both parties, ie on the papers only? <input type="checkbox"/> At a Tribunal hearing where both parties (or their representatives) attend in person? <input type="checkbox"/> At a Tribunal hearing conducted by a telephone conference?				
3.	<b>Address of the building work</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
4.	<b>Your name</b> (Your name / company as shown on the contract and your position title within company eg Director) <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <b>Your postal address for Notices</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 2px;">Daytime telephone</td><td style="border: none;"></td></tr><tr><td style="padding: 2px;">Email address</td><td style="border: none; text-align: right;">Postcode</td></tr></table>	Daytime telephone		Email address	Postcode
Daytime telephone					
Email address	Postcode				
5.	<b>Applicant's ACN For companies only</b> <input style="width: 100%;" type="text"/>				
6.	<b>Are you the?:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Insurer <input type="checkbox"/> Other (Specify)				
7.	<b>Who is the other party?</b> (The person / company, as shown on the contract.) <b>If more than one</b> respondent, attach a separate list. <b>Other party's postal address for Notices</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 2px;">Daytime telephone</td><td style="border: none;"></td></tr><tr><td style="padding: 2px;">Email address</td><td style="border: none; text-align: right;">Postcode</td></tr></table>	Daytime telephone		Email address	Postcode
Daytime telephone					
Email address	Postcode				
8.	<b>Is the Respondent the ?</b> <input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Insurer <input type="checkbox"/> Other (Specify)				
9.	<b>Respondent's ACN</b> For companies only <input style="width: 100%;" type="text"/>				
10.	<b>Builder's licence number</b> (if applicable) <input style="width: 100%;" type="text"/>				
11.	<b>Is an interpreter needed?</b> <input type="text"/> For You <input type="text"/> For other party What language/s? Other special needs?				
12.	Are you aware if any of the respondents are undischarged bankrupts or in liquidation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this application part of other proceedings in another Court or Tribunal? If yes, name the Court/Tribunal and the file number. <input type="checkbox"/> No <input type="checkbox"/> Yes				
13.	List all Tribunal reference numbers <b>include the reference number for the Notification to the Tribunal's Building Conciliation Service.</b> (For previous applications involving the <b>same</b> dispute) <div style="border: 1px solid black; padding: 2px; width: 100%;">BCS No:</div>				

**OFFICE USE**  
File no.....  
Code 10 30 40 50 60 70 80 90 140  
160 180 190

**14. What is your dispute about ?**

This form will be sent to the other party. Therefore you must provide details so that the other party can understand the problem. For example, you could list the defect, its location and an estimate of the cost to repair eg *leaks/roof/\$5000*  
**Additional information may be attached to this application.**

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

When did you first become aware of the problem? (month/year) .....

**15. If the matter is referred for hearing what order/s do you want?**

*Time limits apply for certain applications. You should obtain information before making the application about the kinds of orders which the Tribunal can make.*

**You must include a dollar amount for the order(s) you want.**

- An order to allow my appeal against a decision of the (#) Insurer or the (#) Director General, Department of Fair Trading -
- An order to pay to me the amount of \$.....  
(# delete as necessary)
- Is this amount compensation for loss because of a breach of statutory warranty ?** \$.....
- An order that I do not have to pay the amount of \$.....
- \* An order to do work or services as below to the approximate value of \$.....
- \* An order to deliver, return or replace the specified goods (approx. value) \$.....
- \* An order to supply the specified services below (approx. value) \$.....

*\*You must also specify the work or services are that you want supplied, delivered, returned or replaced. Please attach this information.*

Other.....  
 .....

**Total value of claim: \$.....**

**16. Insurance** (either statutory building insurance or statutory public indemnity insurance)

Policy Number:

Has the insurer been notified?

Yes  No (Why?)

Contract date / /	Total price \$	Amount paid \$
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**17. Your**

Name(s):.....  
 .....

**Your**

Signature(s):.....  
 .....

If Company, your position :.....

Date:

**When you attend a hearing you should bring the original tenancy agreement, notice of termination, rent records including rent receipts where available, notices of rent increases, any authority if you seek to represent a party, e.g. a management agency agreement and other relevant documents, e.g. notice of attornment, condition report(s). A copy of this application and any attachments will be sent to the other party with the Notice of Hearing.**

**Fee details:** A fee must be paid with an application. You may claim a concession if you receive a government pension or social security benefit. If so, enclose a photocopy of your current pension or benefit card or Austudy advice. If the fee is payable and it is not paid the application may be dismissed.

**Return application with fee to: Registrar, Consumer, Trader & Tenancy Tribunal  
 For all CTTT Registries: Telephone 1300 135 399 Facsimile: 1300 135 247**

Sydney Registry Level 12, 175 Castlereagh Street Sydney NSW, 2000 GPO Box 4005, Sydney 2001	Parramatta Registry Level 2, 10 Valentine Avenue Parramatta NSW 2150 PO Box 4117, Parramatta 2124	Penrith Registry Level 1,308 High Street Penrith NSW 2750 PO Box 988, Penrith 2751	Hurstville Registry Level 3, 4 - 8 Woodville Street Hurstville NSW 2220 PO Box 148, Hurstville BC 1481
Liverpool Registry Level 3, 33 Moore Street Liverpool NSW 2170 PO Box 723, Liverpool BC 1871	Wollongong Registry Level 3, 43 Burelli Street Wollongong NSW 2500 PO Box 319, Wollongong 2520	Tamworth Registry 3-5, Kable Corner Complex Cnr Kable Ave & Darling St. PO Box 1033, Tamworth NSW 2340	Newcastle Registry Level 1,175 Scott Street Newcastle NSW 2300 PO Box 792, Newcastle 2300