Use this form to notify demolition works in accordance with Regulation 142 of the Work Health and Safety (National Uniform Legislation) Regulations.

Demolition licences are not required in the Northern Territory under Regulation 143. Refer to the guide demolition notifications for further information.

**At least 5 days’ notice is required before commencement of work.**

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| 1. **Notification type (Select one)**
 |
| Demolition of a structure, or part of a structure that is load bearing or otherwise related to the physical integrity of the structure, that is at least six metres in height | [ ]  |
| Demolition work involving load shifting machinery on a suspended floor | [ ]  |
| Demolition work involving explosives | [ ]  |
| 1. **Demolition business details**
 |
| Person conducting a business or undertaking (PCBU) | [ ]  | Emergency service | [ ]  |
| Business name: |  | ABN: |  |
| Contact person: |  |
| Business address: |  |
| Suburb: |  | State: |  | Postcode: |  |
| Is your postal address the same as above? (If no, complete below) | Yes | [ ]  | No | [ ]  |
| Postal address: |  |
| Suburb: |  | State: |  | Postcode: |  |
| Phone number: |  | Mobile number: |  |
| Email address: |  |
| 1. **Demolition details**
 |
| Start date: |  | End date: |  |
| Address: |  |
| Suburb: |  | State: |  | Postcode: |  |
| Type of structure to be demolished including height: |  |
| Machinery to be used in the demolition: |  |
| 1. **Will explosives be used for the demolition**
 |
| Yes (complete below) | [ ]  | No (Go to Q5) | [ ]  |
| Contact person: |  |
| Licence number: |  | Expiry date: |  |
| Which State, Territory or Commonwealth was the licence issued? |  |
| 1. **Is the value of the demolition work greater than $500,000**
 |
| Yes (complete below) | [ ]  | No (Go to Q6) | [ ]  |
| Principle contractor name: |  |
| Contact person: |  |
| Phone number: |  | Mobile number: |  |
| 1. **Is the demolition supervisor different to the principle contractor**
 |
| Yes (complete below) | [ ]  | No  | [ ]  |
| Contact person: |  |
| Phone number: |  | Mobile number: |  |
| 1. **Applicant declaration**
 |
| The information in this notification is true and correct to the best of my knowledge.I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification. |
| I have submitted this form electronically (signature is not required) | [ ]  |
| Notifier signature: |  | Date: |  |
| **Privacy statement** |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act.* |
| **Lodgement** |
| Completed applications can be lodged in person, email or via post at a NT WorkSafe below: |
| **Phone:** 1800 019 115 | **Email:** ntworksafe@nt.gov.au  | **Postal:** GPO Box 1722, Darwin NT 0801 |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT |