

Application for Development Approval – FORM

This form is required for all development (planning) approvals.

Owner Details							
Name:							
ABN (if applicable):							
Address:							
Home telephone:			Work telepho	ne:			
Mobile:			Fax:				
Email address:							
Contact person for corre	spondence:						
*Signatures of all land own	er(s) or authorise	d signatory for a C	Company is to be	as per i	the City's	rates records	
Signature:				D	ate:		
Signature:				D	ate:		
The signature of the owner purposes of signing this app Schemes) Regulations 2015 Applicant Details	olication, an 'owne Schedule 2 claus	er' includes the pe e 62(2).	rsons referred to				
Name:	o in dimerent	nom the own					
ABN (if applicable):							
Address:							
Home telephone:			Work telepho	ne:			
Mobile:							
Email address:							
Contact person for corre	spondence:						
The information and plar local government for pub the 'Yes' box is required	olic viewing in co	nnection with the	e application (P			☐ YES	□ №
Signature:				Date:			

Property Deta	ils								
Lot No:		Hous	se/Street No	:		L	ocation No:		
Diagram or Plan No:		Certi Vol.	ificate of Titl No:	е		F	olio:		
Title encumbrances	(e.g. easemer	nts, restrictiv	e covenants):					
Street name:				Sub	ourb:				
Nearest street inters	ection:								
Proposed Dev	elopmen	t							
Nature of developme	ent:	□ v	Vorks		Use		\square Works and Use		
Is an exemption from development claimed for part of the development?				☐ Yes*		□ No			
* If yes, is the exemption for:				☐ Works		□ Use			
Description of proposed works and/or land use:									
Description of exemption claimed (if relevant):									
Nature of any existing buildings and/or land use:									
Approximate cost* of proposed development: (*market value) \$									
Estimated time of co	mpletion:								
Office use only	У	_							
Assessment No.:		Zone:							
Other applicable information:									
Development type: A	/ D / P	/ 1	Description:						
Acceptance Officer's initia	als:			Date re	eceived:				
Cashier						Recepti	on receival	stamn	
Application No:						1.505pti			
Receipt No:									
Amount:									
Signature:									
Date:									