

APPLICATION FOR DEVELOPMENT APPROVAL

OWNER DETAILS			
First Name		Surname	
First Name		Surname	
Company Name			
Address			Postcode:
ABN (if applicable)		Contact person for correspondence:	
Telephone No.		Home	Mobile:
Fax No.		Email	
Signature		Signature	
Date		Date	
<p>The signature of the land owner(s) is required for all planning applications. This application will not proceed without these signature(s). For the purposes of signing this application an owner includes the persons referred to in the Planning and Development (Local Planning Schemes) Regulations 2015 Schedule 2 clause 62(2).</p>			
APPLICANT DETAILS (if different from owner)			
Name/Company			
Address			Postcode:
<p>Contact Person for Correspondence: The information and plans provided with this application may be made available by the local government for public viewing in connection with the application. Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
Telephone No.		Mobile	
Fax No.		Email	
Signature		Date	
PROPERTY DETAILS			
Lot No.		House No.	
Street name		Suburb	
Lot Size		Property No.	
Loc. No.		Diagram/Plan	
		Cert. of Title: Vol:	Folio:
Title Encumbrances (e.g. Easements, Restrictive Covenants):			
Nearest street intersection:			
PROPOSED DEVELOPMENT			
Description of proposed works and/or land use:			
Nature of development: Works <input type="checkbox"/> Use <input type="checkbox"/> Works and use <input type="checkbox"/>			
Is an exemption from development claimed for part of the development? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, is the exemption for: Works <input type="checkbox"/> Use <input type="checkbox"/>			
Description of exemption claimed (if relevant):			
Nature of any existing buildings and/or land use:			
Estimated time of completion:			
Approximate cost of proposed development (Inc. GST): \$			
<p>I acknowledge and approve all information provided with this development application including plans can be made available on the Town's website during the consultation period:</p>			
Applicant Signature:		Date:	
OFFICE USE ONLY			
Acceptance Officer's Initials:	DA Ref No.:	/20	Receipt No.:
Date received:			