

APPLICATION FOR DEVELOPMENT APPROVAL

OWNER DET	AILS							
First Name			,	Surname				
First Name		;	Surname					
Company Nam	ne		<u>'</u>					
Address								Postcode:
ABN (if applicable)		Contact person for correspondence:						
Telephone No.		Home Mobile			lobile:			
Fax No.		Email						
Signature		Signature						
Date		Date						
	gnature(s and Dev	elopment (Local	ses of signing t Planning Sche	this applicati mes) Regula	on an o	wner incl	ludes th	ne persons referred to
Name/Compar		LS (II dillerei	it iroin own	ier)				
Address	'y						Ī	Postcode:
	on for C	Correspondence	`A'					
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 □ No □								
Telephone No.				Mobile				
Fax No.				Email	Email			
Signature			Date					
PROPERTY	DETAI	LS						
Lot No.					House No.			
Street name				Suburb				
Lot Size				-	Property No.			
Loc. No.		Diagram/Pla		Cert. of Title: Vol:				Folio:
Title Encumbrances (e.g. Easements, Restrictive Covenants):								
Nearest street intersection:								
PROPOSED			r land upor					
Description of	propose	ed works and/or	iand use					
Nature of development: Works Use Works and use								
Is an exemption from development claimed for part of the development? Yes \square No \square If Yes, is the exemption for: Works \square Use \square								
Description of exemption claimed (if relevant):								
Nature of any existing buildings and/or land use:								
Estimated time of completion:								
Approximate cost of proposed development (Ex GST): \$								
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:								
Applicant Signature: Date:								
OFFICE USE								
Acceptance Officer's Initials: Date received:		DA Ref No.:	o.:/20 F		Rece	Receipt No.:		



PAYMENT

Cash:	Can be made at the Town Hall, 135 Canning Highway, East Fremantle								
	Please provide your credit card details below:								
Name on Card	l:								
Credit Card N	umber:								
Expiry date:_	/								
Amount:									
Contact Numb	per:								
Email address	S:								
Receipt will be	e emailed								

Completed application for development approval form, checklist and supporting documentation can be emailed to:

admin@eastfremantle.wa.gov.au