

## Application for Development Approval

Please note that payment must be made before processing this application

Owner Details	Name:.....		
	ABN (if applicable):.....		
	Address: .....		Postcode.....
	Phone:	Fax:	Email:
	Work:.....	.....	.....
	Home:.....		
	Mobile:.....		
	Contact person for correspondence:		
	Signature:		Date:
	Signature:		Date:
<p><i>The signature of the owner(s) is required on all applications. This application will not proceed without that signature. 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)</i></p>			
Applicant details (if different from owner)	Name: .....		
	Address:.....		Postcode.....
	Phone:	Fax:	Email:
	Work:.....	.....	.....
	Home:.....		
	Mobile:.....		
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature:		Date:
	Signature:		Date:
Property details	Lot No:	House/Street No:	Location No:
	Diagram or Plan No:	Certificate of Title Volume:	Folio:
	Title encumbrances (e.g. easements, restrictive covenants):		
	Street name:		Suburb:
	Nearest street intersection:		

Proposed development

Nature of development:

- Works
- Use
- 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:

.....

Estimated time of completion:

Office Use Only

TPS No: \_\_\_\_\_ Zone: \_\_\_\_\_ Other: \_\_\_\_\_

Use Type: \_\_\_\_\_

Description: \_\_\_\_\_

.....

Assessment No: \_\_\_\_\_ Building Licence No: \_\_\_\_\_

Acceptance Officer's initials:

Date received:

Local government reference no:

Cashier

Application No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RECEPTION  
RECEIVAL STAMP