



APPLICATION FOR DEVELOPMENT APPROVAL

OWNER DETAILS

Name : _____

ABN (if applicable): _____

Address : _____

 _____ Postcode: _____

Phone: Work: _____ Home: _____ Mobile: _____

Fax: _____ Email: _____

Contact Person for correspondence: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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).

APPLICANT DETAILS (if different from owner)

Name: _____

Address: _____
 _____ Postcode: _____

Phone: Work: _____ Home: _____ Mobile: _____

Fax: _____ Email: _____

Contact person for correspondence: _____

The information and plans provided with this application may be made available by the City of Gosnells for public viewing in connection with the application. Yes No

Signature: _____ Date: _____

PROPERTY DETAILS

Lot No: _____ Street No: _____ Street Name: _____

Suburb: _____ Nearest Street Intersection : _____

Title Encumbrances (eg. Easements, Restrictive Covenants): _____

Certificate of Title Vol. No: _____ Folio: _____ Diagram/Plan No: _____

PROPOSED DEVELOPMENT

Nature of development: Works Use Works and Use

Is an exemption from development claimed for part of the development? Yes - Works Yes - Use No

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 (exclusive of GST): \$ _____ Estimated time of completion: _____

OFFICE USE ONLY

Acceptance Officer's Initials: _____ Date Received: _____

Application No. _____ Application Fee \$ _____

Parcel No. _____ File No. _____

DCU Date _____ Date Sought _____ Date Received _____

Receipt No. _____ Officer _____