



**SHIRE OF HARVEY
LOCAL PLANNING SCHEME NO. 2
APPLICATION FOR DEVELOPMENT APPROVAL**

Office Use only
Registration No.: _____
Assessment No.: _____
Synergy No.: _____
Application Type: _____

OWNER/S DETAILS AND CONSENT

Name/s			
ABN (if applicable)			
Address			
Suburb		Post Code	
Phone Home		Mobile	
Work		Fax	
Email			
Contact Person:			
Signature:		Signature:	
Date:		Date:	
<p><i>Note: 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'S DETAILS (IF DIFFERENT FROM OWNER)

Name/s			
Address			
Suburb		Post Code	
Phone Home		Mobile	
Work		Fax	
Email			
Contact Person for Correspondence:			
<p>The information and plans provided with this application may be made available by the Shire for public viewing in connection with the application. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Signature:		Date:	

PROPERTY DETAILS

Lot No:		House/Street No:		Location No:	
Diagram or Plan No.		Certificate of title Vol. No:		Folio:	
Title encumbrances (e.g. easements, restrictive covenants):					
Street name			Suburb		
Nearest Street Intersection					

PROPOSED DEVELOPMENT

Nature of Development:	<input type="checkbox"/> Works <input type="checkbox"/> Use <input type="checkbox"/> Works and Use
Is an exemption from development claimed for part of the development? <input type="checkbox"/> Yes If yes, <input type="checkbox"/> No is the exemption for: <input type="checkbox"/> Works <input type="checkbox"/> Use	
Detailed 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 (excluding GST):	
Estimated time of completion:	

BUSHFIRE PRONE AREA

Is the property wholly or partly located within a designated Bushfire Prone Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you attached a: <input type="checkbox"/> BAL Assessment or <input type="checkbox"/> BAL Contour Map <input type="checkbox"/> Bushfire Management Plan or <input type="checkbox"/> Bushfire Management Statement	

SUPPLEMENTARY FORM – SHORT-TERM RENTAL ACCOMMODATION

DWELLING DETAILS	
Is the accommodation hosted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of accommodation	
Year commenced operating	
Age of dwelling	

SAFETY DETAILS	
Does the dwelling have smoke alarms that were installed more than 10 years ago or have passed their expiry date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENVIRONMENT/HEALTH DETAILS	
How is wastewater managed?	<input type="checkbox"/> Reticulated Sewer <input type="checkbox"/> Onsite Effluent System
What is the source of drinking water?	
Is a swimming pool available for use by occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No