

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 D	ETAILS AND CONSENT			
Name/s				
ABN (if applicable)				
Address				
Suburb		Post Code	e	
Phone Home		Mobile		
Work		Fax		
Email				
Contact Perso	on:			
Signature:		Signature:		
Date:		Date:		
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).				

APPLICANT'S DETAILS (IF DIFFERENT FROM OWNER)					
Name/s					
Address					
Suburb			Post C	ode	
Phone Home			Mobile		
Work			Fax		
Email					
Contact Pers Corresponde					
The information and plans provided with this application may be made available by the Shire for public					
viewing in connection with the application. Yes No					
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 convenants):						
Street name		Suburb				
Nearest Street						

PROPOSED DEVELOPMENT						
Nature of Development: Use Vorks V	Nature of Development: Uvorks Uvorks Works and Use					
Is an exemption from development claimed for pail	rt of the development? \Box Yes If yes, \Box No					
is the exemption for: □ Works □ Use						
Detailed Description of proposed works and/or lan	d 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? \Box Yes \Box No

If yes, have you attached a:
BAL Assessment

- or 🗆 BAL Contour Map
- □ Bushfire Management Plan or □ Bushfire Management Statement

SHIRE OF HARVEY LOCAL PLANNING SCHEME NO. 2 SUPPLEMENTARY FORM – HOME OCCUPATION



BUSINESS DETAILS				
Type of Business				
Trading Name				
Floor Area (m ²)				

STAFF DETAILS	
Total number employed (inc. business owner)	
Number of employees who do not reside at the property	

HOURS OF OPERATION					
	From	То		From	То
Monday			Saturday		
Tuesday			Sunday		
Wednesday					
Thursday					
Friday					

CLIENTS / CUSTOMERS							
	Number of clients or customers per day to						
property							
SIGNAGE							
Size of advertising sign proposed m2 D/A							
STORAGE							
Location		Area m ²		Items			
DELIVERIES							
Number per day Size of delivery vehicle							

OFFICE USE ONLY						
Acceptance	Date	Application				
Officer's Initials:	Received:	No.				

Supplementary Form – Home Occupation