



**Shire of Harvey
District Planning Scheme No. 1
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:	

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 Code	
Phone Home		Mobile	
Work		Fax	
Email			
Contact Person for Correspondence:			

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:	
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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



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Supplementary Form – Commercial Vehicle Parking

Business Details	
Type of Business	
Trading Name	

Vehicle Details			
Make		Tare Weight	
Model		Length	
Registration No.		Width	

Vehicle Details			
Make		Tare Weight	
Model		Length	
Registration No.		Width	

Vehicle Operating Hours (from and to property)					
	From	To		From	To
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

PARKING LOCATION

Within Garage/Shed OR Behind Front of House

PLEASE PROVIDE PHOTO OF VEHICLE AND PLAN SHOWING PARKING LOCATION