

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								
Email								
Contact Pers	on:							
Signature:		Sig		nature:				
Date:	Da		Dat	te:				
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).								
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Name/s	I'S DETAIL	<u> .S (IF DIFFERENT</u>	IFK	CON OV	VNEK)			
Address								
Suburb				Post Co	ode			
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:							

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	Suburb				
Nearest Street Intersection								
DD OD OCED I	NEWEL ODI	AFAIT			·			
PROPOSED [DEVELOPI	VIENI						
Nature of Devel	opment:	☐ Works ☐ Use ☐ \	Works and U	se				
Is an exemption is the exemption		opment claimed for par orks □ Use	t of the deve	lopment? ☐ Yes	If yes, □ No			
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? ☐ Yes ☐ 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 (m²)								
STAFF DETAILS								
Total number employed (inc. business owner)								
Number of employed property	ot reside at th	ne						
HOURS OF OPE	RATION							
	From	То				F	rom	То
Monday				Saturd				
Tuesday				Sunda	y			
Wednesday								
Thursday								
Friday								
CLIENTS / CUST	OMERS							
Number of clients of property	or customers	per day to						
SIGNAGE								
Size of advertising sign proposed m2 N/A								
STORAGE								
Location		Area m ²			Items			
DELIVERIES								
Number per day Size				e of deliv	ery vehi	cle		
OFFICE USE ONLY								
Acceptance		Date					Application	
Officer's Initials:		Received:					No.	