

## 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 De	tails and (	Consent							
Name/s									
ABN (if applicable)									
Address									
Suburb				Post C	ode				
Phone Home	Mobile								
Work		Fax							
Email									
Contact Perso	on:								
Signature:			Sig	nature:					
Date:	Date:								
without that s	ignature. F the Plannin	ne owner/s is required For the purposes of si g and Development	ignin	g this ap	oplica	tion an o	wner inc	cludes th	ne persons
Applicant's	Details (if	f different from ow	vner	<u>^)</u>					
Name/s									
Address									
Suburb				Post C	ode				
Phone Home				Mobile					
Work				Fax					
Email									
Contact Personder									
The information	on and plan	s provided with this a th the application. □			ay be	made av	ailable b	y the Sh	nire for public
Signature:					Date	<b>)</b> :			

Property Det	ails							
Lot No:		House/Street No:		Location No:				
Diagram or Plan No.		Certificate of title Vol. No:		Folio:				
Title encumbra	ances (e.g. eas	sements, restrictive co	onvenants):					
Street name			Suburb					
Nearest Street Intersection								
Proposed Development								
Nature of Deve	elopment:	] Works □ Use □ '	Works and L	Jse				
Is an exemption from development claimed for part of the development? ☐ Yes If yes, ☐ No is the exemption for: ☐ Works ☐ 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?  ☐ Yes ☐ No								
If yes, have you attached a: □ BAL Assessment or □ BAL Contour Map □ Bushfire Management Plan or □ Bushfire Management Statement								



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## **Supplementary Form – Home Occupation**

Business Details	<b>;</b>							
Type of Business								
Trading Name								
Floor Area (m²)								
Staff Details								
Total number empl	oyed (inc. bu	siness owne	er)					
Number of employees who do not reside at the property								
Hours Of Operat	ion							
	From	То				Fro	m	То
Monday				Saturday				
Tuesday				Sunda	y			
Wednesday								
Thursday								
Friday								
Clients / Custome	ers							
Number of clients of property	or customers	per day to						
Signage								
Size of advertising sign proposed m2				2		□ N/A	4	
Storage								
Location		Area m <sup>2</sup>			Items			
Deliveries								
Number per day Size of delivery vehicle								
Office Use Only								
Acceptance Officer's Initials:		Date Received:				App No.	lication	