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:	
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:	

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 Intersection					

PROPOSED DEVELOPMENT	
Nature of Development:	☐ Works ☐ Use ☐ Works and Use
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 BUSINESS

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	**To**		**From**	**To**
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	☐ N/A

STORAGE					
Location		Area m^2		Items	

DELIVERIES			
Number per day		Size of delivery vehicle	

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