



APPLICATION FOR DEVELOPMENT PERMIT

Type of Development/Works to be carried out

Subdivision Change of Use New Works

Alteration Demolition

Use _____

Zone _____

Expiry _____

Date _____

OFFICE USE ONLY

Application No _____

Date Received _____

Received by _____

CT _____

Address of Development:

Address _____

Town _____

Certificate of Title	Volume	Folio
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Existing use of land or building/s

Proposal

Proposed Development:

.....

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Applicant Name

First Name _____ Second Name _____

Surname _____ NAR No _____

Address _____ Phone No _____

Town _____ Fax No _____

Mobile _____

Email address _____

Owner Name *(Tick if applicant)*

First Name		Second Name	
Surname		NAR No	
Address			Phone No
Value of work (GST Inclusive)	\$	contract price	estimate
		<input type="checkbox"/>	<input type="checkbox"/> (X one applicable)

Designer Name: *(Tick if applicant)*

First Name		Second Name	
Surname		NAR No	
Address			Phone No
			Fax No
			Mobile
			Email address

LAND NOT IN APPLICANT'S OWNERSHIP

I,, declare that the owner of the property has been notified / will be notified within 7 days from date of lodgement of this application.

Signature: Date:

FOR COUNCIL LAND ONLY

Council hereby consents to the lodgement of this planning application.

Mayor (Signature): Date:

General Manager (Signature): Date:

FOR CROWN LAND ONLY

I, the Minister responsible for the land, consent to the lodgement of this planning application.

Minister (Signature): Date:

Car Parking	Floor Area	Site Area
Existing on site	Existing.....	m ² m ²
Total no proposed	Proposed	m ²
Total	m ²	

Hours of Operation

Monday to Friday: From am to pm
 Saturday: From am to pm
 Sunday & Pubic Holidays From am to pm

Please note that fees are payable in full at time of application

Office use only

Planning fee \$ _____
 Public notification fee \$ _____
 Amendment/Extension fee \$ _____
 Strata Subdivision fee \$ _____
 Sealed Plan/Adhesion Order fee \$ _____
 TOTAL \$ _____
 Receipt No _____
 Date paid _____