

SHIRE OF GOOMALLING

Office address: 32 Quinlan Street, Goomalling WA 6460 Postal address: PO Box 118, Goomalling WA 6460 Phone: 9629 1101 Email: goshire@goomalling.wa.gov.au

APPLICATION FOR DEVELOPMENT APPROVAL

Owner Details					
Name:		ABN (if applicable):			
Address:					
				Postcode:	
Phone: (work):	Fax:	E-mai	l:		
(home): (mobile):					
Contact person for correspondence:					
I Barri					
Signature:		Date:			
Signature:		Date:			
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 Details (if different from owner)					
Name:					
Address:					
				Postcode:	
Phone: (work):	Fax:	E-mail:			
(home):					
(mobile): Contact person for corresponden	CO.				
The information and plans provided with this application may be made available by the local government f viewing in connection with the application. \square Yes \square No					
Signature:		Date:			
Dramarty Dataila		I			
Property Details Lot No:	House/Street No:		Location I	No:	
LOUINO.	IOUSE/OUEEUNU.		Location IVO.		
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:				
Is an exemption from development claimed for part of the development? ☐ Yes ☐ No				
If yes, what is the exemption for:				
Description of proposed works and/or land use:				
Description of exemption claimed (if relevant):				
Description of exemption diamed (in relevanty).				
Nature of any existing buildings and/or land use:				
Approximate cost of proposed development:				
Estimated time of completion:				
OFFICE USE ONLY				
Acceptance Officer's initials: Date received:				
Local Government reference no:				