



## SHIRE OF GOOMALLING

PO Box 118, Goomalling WA 6460

Tel: 9629 1101 Fax: 9629 1017

goshire@goomalling.wa.gov.au

### APPLICATION FOR DEVELOPMENT APPROVAL

Owner Details		
Name:		ABN (if applicable):
Address:		Postcode:
Phone: (work): (home): (mobile):	Fax:	E-mail:
Contact person for correspondence:		
Signature:		Date:
Signature:		Date:
<p><i>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)</i></p>		

Applicant Details (if different from owner)		
Name:		
Address:		Postcode:
Phone: (work): (home): (mobile):	Fax:	E-mail:
Contact person for correspondence:		
The information and plans provided with this application may be made available by the local government for viewing in connection with the application. <input type="checkbox"/> Yes <input type="checkbox"/> 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 covenants):		
Street name:		Suburb:
Nearest street intersection:		

<b>Proposed Development</b>	
Nature of development:	
Is an exemption from development claimed for part of the development? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the exemption for:	
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:	
Estimated time of completion:	
<b>OFFICE USE ONLY</b>	
Acceptance Officer's initials:	Date received:
Local government reference no:	