APPLICATION FOR DEVELOPMENT APPROVAL

City of Busselton Locked Bag 1 BUSSELTON WA 6280 city@busselton.wa.gov.au



OWNER DETAILS

OWNER DETAIL	.5								
Name(s):									
ABN (if applicable)	:								
Address:						Postcode:			
Contact Person for	Correspondence:					1			
Phone/Mobile: Email:									
				Date:					
Signature(s):					Date:				
	the owner(s) is requ of signing this appli (Local Plann	cation an owne	er includes		erred to	in the Planning		_	
APPLICANT DET	AILS (IF DIFFERE	NT FROM C	OWNER)					
Name(s):									
Address:						Postcode:			
Contact Person for	Correspondence:								
Phone/Mobile: Email:									
Signature(s):						Date:			
PROPERTY DETA	AILS		1						
Lot No:	: House No:			Street:					
Suburb:			Diagram/Plan No.:						
Certificate of Title Volume No:				Certificate of Title Folio No:					
Are there any encumbrances/limitations/burdens present on the Certificate of Title? Yes No								No	
PROPOSED DEV	ELOPMENT								
Description of Dev	elopment:								
Nature of Development: Works				Use		Works &	Use		
Is an exemption from development claimed for part			of the de	evelopment?		Yes		No	
If yes, is the exemption claimed for (if relevant):				Works		Use			
Nature of Any Exist	ting Buildings and/c	or Land Use:							
Approximate Cost of (Excluding GST)	Proposed Developme	ent: \$							
The City may advertise or make available for public viewing any material, including floor								o you agree? No ith the Blanning	

and Development (Local Planning Schemes) Regulations 2015 Schedule 2, Clause 85.