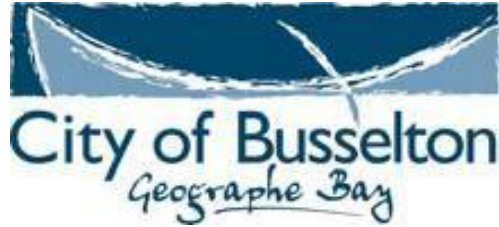


Planning Department
 City of Busselton
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Planning & Development (Local Planning Schemes) Regulations
Schedule 6
APPLICATION FOR DEVELOPMENT APPROVAL

OWNER DETAILS

Name :			
ABN (if applicable) :			
Address :			
			Postcode :
Phone :	Fax :	Email :	
Work : _____	_____	_____ @	
Home : _____		_____	
Mobile : _____			

Contact Person(s) for Correspondence :			
Signature :		Date :	
Signature :		Date :	
<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>			

APPLICANT DETAILS (if different from owner)

Name :			
Address :			
			Postcode :
Phone :	Fax :	Email :	
Work : _____	_____	_____ @	
Home : _____		_____	
Mobile : _____			

Contact Person(s) for Correspondence :					
<i>The information and plans provided with this application may be made available by the local government for public viewing in connection with this application.</i>				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature :			Date :		
PROPERTY DETAILS					
Lot No :		House/Street No :		Location No :	
Diagram or Plan No :		Certificate of Title Vol No :		Folio :	
Title encumbrances (eg. easements, restrictive covenants) : _____ _____					
Street Name :		Suburb :			
Nearest Street Intersection :					
PROPOSED DEVELOPMENT					
Nature of Development :	Works <input type="checkbox"/> Use <input type="checkbox"/> Works and Use <input type="checkbox"/>	Is an exemption from development claimed for part of the development? If yes, is the exemption for :	Yes <input type="checkbox"/> No <input type="checkbox"/> Works <input type="checkbox"/> Use <input type="checkbox"/>		
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 :					
OFFICE USE ONLY					
Acceptance Officer's Initials :		Date Received :			
Local Government Reference Number :					