SHIRE OF WAGIN LOCAL PLANNING SCHEME NO.2



APPLICATION FOR DEVELOPMENT APPROVAL

Owner Details – Attach a separate sheet where there are more than two landowners						
Name/s:						
ARN (if applicable):						
ABN (if applicable): Address:						
Address.	•					
		Postcode:				
Phone:	Fax:	E-mail:				
(work):						
(home):						
(mobile):						
Contact person:						
Signature:		Date:				
		Date.				
Signature:		Date:				
NOTE: The signature of all registered owner(s) is required on all applications. This application will not proceed without the required signature/s. 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						
Name:						
Address:						
		Postcode:				
Phone:	Fax:	E-mail:				
(work):						
(home):						
(mobile):	:					
Contact person for correspondence:						
The information and plans provided with this application may be made available by the						
local government for public viewing in connection with the application. Yes No						
Signature:		Date:				

Property Details – Details must match those shown on the Certificate/s of Title						
Lot No:	House/Street No:		Loca	Location No:		
Diagram or Plan No:	Certificate	of Title Volume No:	Folio No:			
Title encumbrances (e	.g. easeme	nts, restrictive covenants):				
Street name:		Suburb:				
Nearest street intersection:						
Proposed Development:						
Nature of development: Works (New construction works with no change of land use) Use (Change of use of land with no construction works) Works and Use						
NOTE: If the proposal involves advertising signage the Additional Information for Development Approval for Advertisements form must be completed and submitted with this application.						
Is an exemption from	developmen	t claimed for part of the de	evelopm	ent? □Yes □ No		
If yes, is the exemption for: Works						
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 no:						