



APPLICATION FOR DEVELOPMENT APPROVAL

PLEASE NOTE THAT PAYMENT MUST BE MADE BEFORE PROCESSING THIS APPLICATION

Owner Details	Name: _____		
	ABN (if applicable): _____		
	Address:		Postcode.....
	Phone:	Fax:	Email:
	Work:.....
	Home:.....		
	Mobile:.....		
	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:	Fax:	Email:
	Work:.....
	Home:.....		
	Mobile:.....		
	Contact person for correspondence:		
	The information and plans provided with this application maybe made available by the local government for public 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:		

Proposed development

Nature of development:

Works

Use

Works and use

Is an exemption from development claimed for part of the development? Yes No

If yes, is the exemption for:

Works

Use

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

TPS No: _____ Zone: _____ Other: _____

Use Type: _____

Description: _____

Assessment No: _____ Building Licence No: _____

Acceptance Officer's initials:

Date received:

Local government reference no:

Cashier

Application No: _____

Receipt No: _____

Amount: _____

Signature: _____

Date: _____

RECEPTION RECEIPT
STAMP

Shire of Boyup Brook 2016

Po Box 2, Boyup Brook WA
Phone: 08 9765100 / www.boyupbrook.wa.gov.au