

## Application for Development Approval

### Owner and Applicant Details:

#### Owner Details:

Name: \_\_\_\_\_

ABN (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Contact person for correspondence: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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).*

#### Applicant Details (if different from owner):

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_

*Please ensure you complete the property details and proposed development section on Page 2.*

**Property Details:**

Lot No: \_\_\_\_\_ House/Street No: \_\_\_\_\_ Location No: \_\_\_\_\_  
 Diagram or Plan No: \_\_\_\_\_ Certificate of Title: Volume: \_\_\_\_\_ 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: _____			
Estimate time of completion: _____			

You can lodge your application in the followings ways:

<p><b>In person:</b>          Newman Administration Centre          Cnr Kalgan &amp; Newman Dr.          Newman          Mon-Fri 8.30 am – 4.30 pm          Ph: 9175 800</p>	<p><b>By Post</b>          Shire of East Pilbara          PMB 22          Newman, WA, 6753</p>	<p><b>By Email:</b>  <a href="mailto:planning@eastpilbara.wa.gov.au">planning@eastpilbara.wa.gov.au</a></p>
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**Office Use Only:**

Acceptance Officer's initials: \_\_\_\_\_ Date received: \_\_\_\_\_  
 Application No: \_\_\_\_\_