**Application for Planning Approval**

Application number

Assessment number

Schedule 2 Part 11 cl. 86- Application for development approval

Shire of Ravensthorpe

Shire of Ravensthorpe

Permit authority

**1. Property this application relates to**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit No | Level | Street no | Lot no | Street name | | |
| Suburb | | | | | State | Postcode |

Property street

address

|  |  |  |
| --- | --- | --- |
| Diagram or Plan No | Certificate of Title No | Folio |
| Tile Encumbrances (e.g. easements, restrictive covenants) | | |

Nearest Street Intersection

Is this lot vacant Yes No

**2. Details of proposed development**

Works

Use

Works and use

Nature of development

Yes  No

If yes, is the development exemption for:  Works and/or  Use

Is an exemption from development claimed for part of the development?

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  
Estimated time  
development of completion

**3. Owner details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | | | | | |
| PO Box or street address | | Suburb | | | State | Postcode |
|  | | | | | | |
|  | | | | | | |
| Phone | Fax | | Mobile | | | |
|  | | | | 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).*** | | | | | | |

**Owner(s) name(s)**

ABN (if applicable)

Postal address

Contact person for correspondence:

Email address

Phone/fax

Owner(s) signature(s)

**4. Applicant details (if different to the owner)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| PO Box or street address | | Suburb | | | State | Postcode |
|  | | | | | | |
|  | | | | | | |
| Phone | Fax | | Mobile | | | |
| ***The information and plans provided for this application may be made available by the local government for public viewing in connection with the application.***  **Yes  No** | | | | | | |
|  | | | | Date | | |

**Applicant(s) name(s)**

Postal address

Contact person for correspondence:

Email address

Phone/fax

Applicant(s) signature(s)

**Office use only**

Acceptance Officer’s initials: Date received: