

Referral Agency Assessment Application Alternative Siting Assessment

Type of Referral – Concurrence Agency Response

| □ Siting Variation | Under Schedule 9, Table 3 of the Planning Regulations 2017 | | | |
|---|--|--|--|--|
| | | | | |
| Applicant Details | | | | |
| Name: | Mobile Number: | | | |
| Postal Address: | Email: | | | |
| | Fax Number: | | | |
| Telephone Number: | Date: | | | |
| Property Details | | | | |
| Address: | Lot Number: | | | |
| | Plan Number: | | | |
| Description of Proposal | | | | |
| | | | | |
| | | | | |
| | | | | |
| Provide details of the intended use of the building/structure e.g. what will be stored within building? | | | | |
| J | | | | |
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| Detail why the building/structure is required to be sited in the proposed location. | | | | |
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NB. If sufficient justification is not provided in response to the following questions, it may result in your application being delayed. Please use additional sheets for your responses if required.

As most buildings have the potential to impact neighbouring properties, the enclosed "Adjoining Land Owner Consultation" form is to be completed by the effected neighbour/s and returned with this application.

ADJOINING LAND OWNER CONSULTATION

| To whom it may concern, | | | |
|---|----------------------------------|-------------------------|--------------------------------|
| I/We | aı | nd | |
| I / We(Adjoining property own | ner's name) | (Adjo | oining property owner's name) |
| Being the current property owners o | of | | _ |
| | | | |
| (Adjoining proper | rty owner's street address) | | |
| Confirm that we have viewed the Pro | oposed Plans requestin | g the variation | n to allow: |
| | | | |
| | (detail proposa | al) | |
| For the proposed building developm | nent at | | |
| | | | |
| (street address o | of property requiring siting val | riation) | <u> </u> |
| | | | |
| And fully understand the proposal. | | | |
| I / we wish to confirm that (tick applied | cable statement): | | |
| ☐ I / we have no objections to the b | uilding proposal; | | |
| Or | | | |
| ☐ I / we have concerns to the propo | osal as summarised belo | OW | |
| | | | |
| [| | | |
| Name (Please Print): Signature: | | | |
| Date: | | | |
| Telephone/ Mobile Number: | | | |
| | | | |
| If the adjoining Neighbour is uncontained | actable or will not comp | lete the form, | please tick the following box: |
| ☐ Unable to obtain Neighbouring of | consent/ concerns | | |
| Please note concerns forwarded to | Council by adjoining no | aighboure if n e | ot valid may have no impact on |
| the assessment process. An assessment telephone/mobile phone number below | | - | |
| | | | |

Mandatory Information

The following information is required to be submitted to Council upon lodgement. Failure to provide this information may result in a not properly made submission resulting in your application being rejected and returned.

| Accurately dimensioned Site Plan including but not limited to: O All property boundaries O North point O All existing and proposed buildings and structures including setback distances. | |
|---|--|
| Accurately dimensioned Floor Plan including but not limited to: o The layout and use of proposed building or structure. | |
| Accurately dimensioned Elevations including but not limited to: o The wall height and overall height of the proposed building or structure. | |

Advisory Notes:

A referral agency response from Council does not allow construction to commence.

For permission to start construction, a building approval must first be obtained from a private building certifier