



DEVELOPMENT APPLICATION FORM

Civic Centre: Level 1, 60 Tasman Terrace
PO Box 1787 Port Lincoln SA 5606
Telephone: (08) 8621 2300 Fax: (08) 8621 2399
Web: www.portlincoln.sa.gov.au

APPLICATION NO: 931/ /

3-71-T25

I WISH TO APPLY FOR:

- Development Plan Consent (Planning Only) Building Rules Consent Full Development Approval

LOCATION OF PROPOSED DEVELOPMENT: House No(or) Lot No.....

Street.....Post Code.....

Certificate(s) of Title VolumeFolio Volume Folio.....Volume.....Folio.....

Applicant Name.....

Postal Address.....Post Code.....

Email Address.....Phone.....

Owners Name (MUST BE COMPLETED).....

Postal Address.....Post Code.....

Email Address.....Phone.....

Builders Name.....Licence No.....

Postal AddressPost Code.....

Email/Fax.....Mobile.....Phone.....

CONTACT PERSON FOR FURTHER INFORMATION: Name.....

Address.....Post Code.....

Email/Fax.....Mobile.....Phone.....

DESCRIPTION OF THE PROPOSED DEVELOPMENT

(eg. Dwelling, Garage, Carport, Verandah, Office, Warehouse, Vegetation Removal, Fish Processing Factory, Change of Land Use)

.....Floor Area.....m²

What is the Existing Use of Site.....

SEND ACCOUNT TO: OWNER APPLICANT BUILDER

SEND ACCOUNT BY: EMAIL POST

Is the Site Connected to a Sewer (SA Water): Yes No If 'No' you will require a Septic Tank Application Form

Building Classification Sought.....Present Classification.....

If class 5, 6, 7, 8 or 9 State the proposed number of employees: Male..... Female.....

If class 9a state the number of persons for whom accommodation is provided.....

ESTIMATED COST of the Proposed Development: \$

I acknowledge that copies of this application supporting documentation may be provided to interested persons in accordance with the Development Regulations 1993. I declare the information that I have provided on this application form is correct to the best of my knowledge.

Signature.....Date.....