## **APPLICATION FOR PLANNING APPROVAL**

[cl. 9.1.1]

Owner details						
Name:						
Address:						
					Postcode:	
Phone:	Fax:			E-mai	l:	
(work): (home): (mobile):						
Contact person:						
Signature:			Date:			
Signature:			Date:			
The signature of the owner(s) is re-	quired on	all applications	s. This application	will not	proceed without that signature.	
Applicant details						
Name:						
Address:						
					Postcode:	
Phone:	Fax:			E-mail:		
(work): (home): (mobile):						
Contact person for correspondence:	<u>'</u>					
Signature:			Date:			
Property details						
Lot No:	Hous	se/Street No:	Loca		on No:	
Diagram or Plan No:		Certificate of Title Vol. No:			Folio:	
Diagram or Plan No:		Certificate of Title Vol. No:			Folio:	
Title encumbrances (e.g. easements,	restrictive	covenants):			1	
Street name:			Locality:			
Nearest street intersection:			<u>I</u>			

SCHEDULE 6 Shire of Gnowangerup Town Planning Scheme No. 2

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## SCHEDULE 6 FORM OF APPLICATION FOR PLANNING APPROVAL

Existing building/land use:					
Description of proposed development and/or use:					
Nature of any existing buildings and/or use:					
Approximate cost of proposed development:					
Estimated time of completion:					
OFFICE USE ONLY					
Acceptance Officer's initials:	Date received:				
Local government reference no:					

97.55.000 ATD

**Shire of Gnowangerup Town Planning Scheme No. 2** 

SCHEDULE 6