City of Belmont Application for Development Approval

OWNER(S) DETAILS

Name(s):								
ABN (if applicable):								
Address:								
						Postco	ode:	
Phone: Work:			Home:		Mobile:			
Fax:			Email:					
Contact Person for correspondence:								
Signature: Date:								
Signature:					Dat	e:		
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, Part 8, clause 62(2).

APPLICANT DETAILS (if different from owner)

Name:					
Address:					
					Postcode:
Phone: Work:		Home:		Mobile:	
Fax:		Email:			
Contact person for	correspondence:				
The information and plans provided with this application may be made available by the City of Belmont for public viewing in connection with the application.					
Signature:				Date:	

PROPERTY DETAILS

Lot No:		Street No:			Street Name:			
Suburb:		Nearest Street I		eet Ir	ntersection:			
Title Encum	orances (e.g. Ea	asements, Restr	ictive	Covenant	s):			
Certificate of	f Title Vol. No:			Folio:			Diagram/Plan No:	

PROPOSED DEVELOPMENT

Nature of development:		Use	e 🗌	Works and Use 🗌
Is an exemption from development claimed for part of the development?		No		
If yes, is the exemption for:		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 (exclusive of GST):			Estimated completion	

OFFICE USE ONLY	Date received:				
Acceptance Officer's initials:	Application Number:				

CITY OF BELMONT

215 Wright Street, Cloverdale 6105 (Locked Bag 379, Cloverdale 6985) **Ph:** 9477 7222 **Fax:** 9478 1473 belmont@belmont.wa.gov.au www.belmont.wa.gov.au

Planning – 26/04/23

