Note: This form should be completed by the owner and returned to the City of Belmont.

Chief Executive Officer City of Belmont Locked Bag 379 CLOVERDALE WA 6985

Attention: Planning Department

Email: planning@belmont.wa.gov.au

Dear Sir

	Street No:	
	Certificate of Title Volume	
I / we refer to Develo	opment Application / Subdivision Approval	No
dated	In accordance with Condition No(s).	
Reason for requesting	legal agreement:	
necessary documentary preparation, execution Caveat or other documentary we will also be responsible. Caveat (to allow refine (occurs once the works)	e above lot, authorise you to request the City' tion and confirm that I / we agree to pay all and stamping of any Deed and the preparationent pursuant to the provisions of the Deed. Insible for all costs associated with any termancing / transfer of land) or permanent V is the subject of the legal agreement have been	costs associated with the on and registration of any I / we understand that I / mporary Withdrawal of the Vithdrawal of the Cavear en completed).

Authorising Signature:

City of Belmont Form (Planning Services)

☐ No

Date: 10/03/23

Request approved?

Yes

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