

**VALUE OF COMPLETE DEVELOPMENT \$** 

## LAND USE APPLICATION FORM

Cnr. Queen Street & Broughton Street, Campbelltown, 2560 P.O. Box 57 DX 5114 **Phone:** (02) 4645 4000 Fax: (02) 4645 4111 Planning & Environment Division Ph: (02) 4645 4608

## **Privacy Statement**

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter.

please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.			
APPLICATION TYPE (PLEASE TICK)	☐ Development Application Section 96 Application (Please Tick Below) ☐ Complying Development Certificate ☐ Construction Certificate ☐ Section 68 Approval ☐ Section 96 Application (Please Tick Below) ☐ 96 (1) ☐ 96 (1A) ☐ 96 (2) ☐ Sec. 82A Review of Determination.		
INTEGRATED DEVELOPMENT (PLEASE TICK)	Will this development require a licence or approval under any of the following Acts? (Please see details on information sheet)  Rivers and Foreshore Improvement Act 1948  National Parks & Wildlife Act 1974  Heritage Act 1977  Fisheries Management Act 1994  Water Act 1912  Waste Minimisation and Management Act 1995  PO.E.O. Act 1997  Rural Fires Act 1997		
CONSTRUCTION CERTIFICATE  SIGNED OWNER/S PROPRIETOR/S PERSON/S APPOINTING P.C.A.	PRINCIPAL CERTIFYING AUTHORITY  I/We appoint Council as the Principal Certifying Authority to issue the construction certificate, occupation certificates / subdivision certificates and carry out all other required inspections?  Note: This application will be deemed to also be an application for the Final Occupation Certificate. The date of application will be taken to be the date that a final inspection is requested. If an Interim Occupation Certificate is required, a separate application must be lodged at that time  Name: Signature: Date: Date:		
PROPERTY DESCRIPTION	Lot No Section No DP/SP No  Address: UNIT or SHOP No. / STREET No. STREET		
	SUBURB POSTCODE		
APPLICANT  Owner	Name: Contact Person: Postal Address:		
□ Builder □ Architect □ Other	Suburb:		
DESCRIPTION OF PROPOSAL (eg. Dwelling, Pool, Factory, Subdivision, Demolition Use of Pemises FLOOR AREA	EXISTING: PROPOSED:		

BUILDING DETAILS	Number of dwellings to be demolished:		
	Number of New dwellings: Numbe	r of Units:	
	Number of Stories:		
	MATERIALS  Floor: Frame: Wall:	Poof:	
	rioorrianewan.	1001	
BUILDERS DETAILS	Name:		
OR OWNER BUILDER'S			
OWNER DOILDER S	Address:		
	Postcode: Phone: ( )		
	Facsimile: ( ) Email:		
	Owner/Builder's Permit No.:		
	Builders Licence No.:		
CONSENT OF	Name(s):		
OWNER(S) OF PROPERTY Address:			
( <u>All</u> owners must sign)			
		ne: ( )	
	Facsimile: ( ) Email:		
	As the owner(s) of the land, I/We consent to this application being made to Council. I/We hereby permit any duly authorised officer of Campbelltown City Council to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration		
	of the Act(s), Regulation or Planning instruments.  NOTE: For a Strata Title, the consent of the Owners Corporation is required.		
	SIGNATURE	DATE	
	SIGNATURE	DATE	
	SIGNATURE	DATE	
APPLICANT'S DECLARATION	I/We, the undersigned hereby apply for approval of the development proposal described above and in the plans, specifications and documents accompanying the application.  I/We, undertake to develop in accordance with any approval granted by Council and conform with		
DEGLARATION			
	the provisions of the relevant Act(s), Regulations, Planning Instruments and Policies. I/We further undertake to pay any fee or charge assessed by Council in connection with the development and		
	indemnify Campbelltown City Council against any claims arising from negligence (or otherwise) resulting from the work carried out in connection with the development within the road reserve, or		
	adjacent public property (where applicable).		
	SIGNATURE	DATE	
CHECK LIST	HAVE YOU:	_	
(PLEASE TICK)	☐ Attached a Statement of Environmental Effect	☐ Waste Management Plan.	
	<ul><li>Provided copies of PLANS and Specifications.</li><li>Signed form.</li></ul>	Application Check List.	
	IF YOU HAVE ANY QUESTIONS PLEASE CONTACT A CUSTOMER SERVICE OFFICER ON (02) 4645 4608		