Shoalhaven City Council

Owners Consent Form

Planning & Development Services Group

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541
Address all correspondence to: The General Manager, PO Box 42, Nowra, NSW, Australia, 2541
council@shoalhaven.nsw.gov.au | www.shoalhaven.nsw.gov.au | Phone: (02) 4429 3111 | Fax: (02) 4422 1816

This form may be used where the owners consent on the standard application form is incomplete.
Please indicate the Development/Construction/Drainage application type:

- Consent to lodge a Development Application
- Consent to modify a Development Consent (Section 96)
- Consent to lodge a Complying Development Certificate
- Consent to lodge a Construction Certificate Application
- Consent to lodge a Drainage Application (Section 68)
- Consent to lodge a Subdivision Certificate Application
- Consent to Modify a Complying Development Certificate (Section 87)

1 Property Details

Flat/street no. : LOT 5 OF DP 788159
Street: NADINE STREET
Town/Locality: SANCTUARY POINT Postcode: 2540
Lot or Portion Nos. Section (where relevant)
DP or Parish Name:
You can find the lot no., section and DP no. on a map of the land; on the title documents for the land; or on your rates notice.

2 DA Applicant's Name only

Full Name: ALLEN PRICE AND SCARRATTS (AS AGENT FOR APPLICANT)

3 Describe Your Proposal

PROPOSED DRAINAGE & SEWER CONSTRUCTION WORK ON(Lot 715 DP1019410), IN ACCORDANCE ~~WITH PLANNING NSW APPLICATION NO~~ 485-12-2002 AND SUBSEQUENT MODIFICATION

(Note: Refer to DA Guidelines)

4 Owner's Details

All Owner's Name(s): SHOALHAVEN CITY COUNCIL

Postal Address: PO BOX 42
NOWRA Postcode: 2541
Telephone No. (Bus): 4429 3111

5 Owner's Declaration

The owner(s) of the land to be developed must sign the application. If you are not the owner of the land, you must have all the land owners sign the application. If the land is Crown land, an authorised officer of the NSW Government Land & Property Information must sign the application. If the land is owned by Council, the General Manager, or delegate must sign the application. As the owner(s) of the above property, I / we consent to lodgement of this application:

I/We hereby permit any duly authorised officer of the Council of the City of Shoalhaven 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 instrument.

(Signature of Owner 1) *(Date)* 16/12/2016

(Name) Trevor Cronk
Manager, Property Unit
Assets and Works

Address: BRIDGE ROAD
Town or Locality: NOWRA
Postcode: 2541
Daytime Phone No: 4429 - 3474

(Signature of Owner 2) *(Date)* / /

(Name)
Address:
Town or Locality:
Postcode:
Daytime Phone No:
If the land is owned by a company (P/L) the signature of at least one (1) director residing in Australia is required. If a company signatory, indicate position held.

Privacy Notification: The information on this form is being collected by Council for administrative and assessment purposes. It will be used by Council staff and other organisations for the purpose mentioned and may be included on a public register. Personal information contained on this form will be displayed on Council's website as required by the GIPA Act 2009. Persons identified on this form may at any time, apply to Council for access or amendment of the information.

This form may be displayed on Council's website in accordance with Government Information (Public Access) Act 2009

OFFICE USE ONLY

Application No:		DA $	Total $
Zoning:		CC $	Date Rec:
Related Files:		OC $	Receipt No: