Request to modify a major project



Date dulv mad	e:	Ι.	1

Before you lodge

This form is required under section 75W of the *Environmental Planning and Assessment Act 1979* (the Act) in order to request the Minister to modify the Minister's approval to carry out a project or concept plan to which Part 3A of the Act applies.

Before making this request, it is recommended that you first consult with the Department of Planning (the Department) concerning your modification. The Director-General may issue environmental assessment requirements that must be complied with before your request will be considered by the Minister. If the changes proposed by the modification will result in a project that is consistent with the existing approval, the Minister's approval for a modification is not required.

Disclosure Statement

Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.

Note: For more details about political donations disclosure requirements, including a disclosure form, go to www.planning.nsw.gov.au/donations.

Lodgement

All modification requests must be lodged with the Director-General of the Department of Planning, by courier or mail. An electronic copy should also be e-mailed to the assessment contact officer assigned to the project.

NSW Department of Planning Ground floor, 23-33 Bridge Street, SYDNEY NSW 2000 GPO Box 39 SYDNEY NSW 2001 Phone 1300 305 695

Details of the proponent		وي بيان موافقه فالواد والمهاد والمواد والمواد	iris javomanas orano milios a	en describer and an artistic and a second
Company/organisation/agency			ABN	
INDIGENOUS LAND CORPORA	TION		59 9	12 679 254
☑ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Other				
First name	Family name			
RICHARD	LARKINS			
Position				
PROJECT MANAGER - CONST	RUCTION			
STREET ADDRESS			,	
Unit/street no. Street name				
233 ABERCROMBIE	ST			
Suburb or town		State		Postcode
CHIPPENDALE		NSW		2016
POSTAL ADDRESS (or mark 'as above')				
P.O. BOX 3093				
Suburb or town		State		Postcode
REDFERN		NSW		2016
Daytime telephone Fax		Mobile	······································	
(02) 9006 3689 (02) 9698 1	398	0417 8	3955	62
Email				
richard.larkins@ilc.gov.au				

3.	Identify the land					
en non comme	STREET ADDRESS (where relev	ant)			le et de la color de la co La color de la	
	Unit/street no. Street or property name					
٠	180	GEORGE ST				
	Suburb, town or locality				Postcode	
	REDFERN				2016	
	Local government area(s)		State Electorate(s)	······		
	CITY OF SYDNEY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	REAL PROPERTY DESCRIPTION	N		,		
	Note: The real property description is of the real property description, you sl	nould contact t	he Department of Lands	5.		
	Please ensure that you place a slash (/) to distinguish between the lot, section, DP and strata numbers. If the proposed modification applies to more than one piece of land, please use a comma to distinguish between each real property description.					
	OR: detailed description of land a	ttached:				
	MAP: A map of the site and loca	ality should	also be submitted w	vith this reques	. .	
4.	Details of the original m	iajor proj	ect or concept	plan		
	Briefly describe what the original	approval allo	ws			
	National Indigenous Develouilding; swimming pool; school buildings for education existing toilet blocks and	multi code ational, co	e football field; a ommercial and d	daptive reus	e of existing	
	What was the original project application no.?	What wa approval	s the date of the		ras the original tion fee?	
	MP 06_0267	4 Oct	ober 2007	\$62,	806.00	
5.	Note: Clause 245K of the Environment the maximum fee for a request for modification Describe the modification Describe the proposed modification Deletion of Child Care Cent	on you p	ropose to make	to the app	roval	

Your modification request may need to be accompanied by an Environmental Assessment, including plans. An electronic and hard copy of this document will be required.

Please indicate the estima concept plan (excluding G	ited capital investme ST).	ent valu	e (CIV) of the modification to	o the project approval or
\$ TBA				
FULL TIME EQUIVALENT Please indicate the number	er of jobs created by	the pro	pposed modification. This sh	ould be expressed as a
proportion of full time equi	Refer	ver a rui	ı year.	Refer
Construction jobs (FTE)	original approval		Operational jobs (FTE)	original approval
6. Landowner's cons	ent (where re	quire	d)	
As the owner(s) of the above pro	operty, I/we consen	t to this	request being made by the	proponent:
Land 180 George St R	edfern		Land	
Signature			Signature	
				T (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name O David Galvin - G	eneral		Name	
Manager	oriorai			
Date / / / O	7	L	Date	
7. Political donation Persons making a request	er Part 3A of the Act d application (e.g. linear disclosure sta to modify a project	o not req infrastru steme		however, the proponent is ects, and critical infrastructure).
Have you attached a discl				years.
Yes No	osure statement (o	ms requ	uest?	
Note: For more details about www.planning.nsw.gov.a	out political donation au/donations.	ns disclo	osure requirements, includin	g a disclosure form, go to
8. Proponent's signa	ture			
As the proponent(s) of the		ng belo	w, I/we hereby:	
provide a desc matters require	ription of the modificed by the Director-G	cation to eneral p	the project approval or cor oursuant to Section 75W of in this form is accurate at th	the Act, and
Signature	lecer		In what capacity are you significant	

ESTIMATED CAPITAL INVESTMENT VALUE

Name		Name, if you are not the proponent
Richard Larkins	7	, , same proportion
Date		