

## **Referral Agency Assessment Application Alternative Siting Assessment**

Type of Referral – Concurrence Agency Response

☐ Siting Variation	Under Schedule 9, Table 3 of the <i>Planning Regulations</i> 2017		
Applicant Details			
Name:	Mobile Number:		
Postal Address:	Email:		
	Fax Number:		
Telephone Number:	Date:		
Property Details			
Address:	Lot Number:		
	Plan Number:		
Description of Proposal			
Provide details of the intended u	use of the building/structure e.g. what will be stored within building?		
Detail why the building/structure is required to be sited in the proposed location.			
I			

NB. If sufficient justification is not provided in response to the following questions, it may result in your application being delayed. Please use additional sheets for your responses if required.

As most buildings have the potential to impact neighbouring properties, the enclosed "Adjoining Land Owner Consultation" form is to be completed by the effected neighbour/s and returned with this application.

## **ADJOINING LAND OWNER CONSULTATION**

To whom it may concern,
I / Weand(Adjoining property owner's name) (Adjoining property owner's name)
I / Weand
Being the current property owners of
(Adjoining property owner's street address)
Confirm that we have viewed the Proposed Plans requesting the variation to allow:
(detail proposal)
For the proposed building development at
(street address of property requiring siting variation)
And fully understand the proposal.
I / we wish to confirm that (tick applicable statement):
☐ I / we have no objections to the building proposal;
Or .
☐ I / we have concerns to the proposal as summarised below
Name (Please Print):
Signature: Date:
Telephone/ Mobile Number:
If the adjoining Neighbour is uncontactable or will not complete the form, please tick the following box:
☐ Unable to obtain Neighbouring consent/ concerns
<u>Please note</u> concerns forwarded to Council by adjoining neighbours if <b>not valid</b> may have no impact on the assessment process. An assessment officer may wish to contact you regarding your comments, provided you supply a telephone/mobile phone number below

## **Mandatory Information**

The following information is required to be submitted to Council upon lodgement. Failure to provide this information may result in a not properly made submission resulting in your application being rejected and returned.

	Accurately dimensioned Site Plan including but not limited to:  o All property boundaries o North point o All existing and proposed buildings and structures including setback distances.	
	Accurately dimensioned Floor Plan including but not limited to:  o The layout and use of proposed building or structure.	
	Accurately dimensioned Elevations including but not limited to:  o The wall height and overall height of the proposed building or structure.	
Adviso	ory Notes:	

A referral agency response from Council does not allow construction to commence.

For permission to start construction, a building approval must first be obtained from a private building certifier