



Shire of
Donnybrook Balingup

APPLICATION FOR LOCAL GOVERNMENT CLEARANCE OF SUBDIVISION CONDITION(S)

APPLICANT DETAILS	
Name:	
Postal Address:	Postcode:
Email:	
Phone:	Mobile:
Signature:	Date:

WAPC SUBDIVISION DETAILS	
WAPC Subdivision Reference:	Number of lots created:

MINIMUM SUBMISSION REQUIREMENTS
<input type="checkbox"/> Application Form
<input type="checkbox"/> Completed Application Checklist
<input type="checkbox"/> Clearance Application Fee
<input type="checkbox"/> Copy of Subdivision Approval identifying each Condition to be cleared by the Local Government
<input type="checkbox"/> Evidence and/or justification as to how each relevant condition of Subdivision has been met Evidence may be provided by way of photographs and/or written submission
<input type="checkbox"/> Copies of any applicable documentation relating to the clearance of Conditions

ADVICE AND ACKNOWLEDGEMENT
<p>Additional information may be required as assessed by the Shire's Planning Services. It is recommended that advice be sought from the Shire's Works and Services, Planning, Building and Environmental Health Services prior to preparing documentation.</p> <p><i>I declare that the information provided is accurate and complete. I acknowledge that the information and plans provided may be made available for public viewing in connection with the application for advertising, consultation or reporting purposes.</i></p> <p>Applicant Name:</p> <p>Applicant Signature:</p> <p>Date:</p>

OFFICE USE ONLY	
Acceptance Officer's initials:	
Property Number:	Planning Application Reference:
Fees Paid:	Date Received: