

**Administration**

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

**Hours** Mon-Fri 8am-5pm (Cashier hours 8am-4pm) | **Telephone** 08 9439 0200

**Facsimile** 08 9439 0222 | **TTY** 08 9419 7513 | admin@kwinana.wa.gov.au | www.kwinana.wa.gov.au



# REQUEST FOR WRITTEN PLANNING ADVICE

## APPLICANT DETAILS

Name

Postal Address

Postcode

Contact Number  Mobile Number

Email

Please Note: All correspondence will be via email where possible.

## PROPERTY DETAILS FOR WHICH INFORMATION IS REQUIRED

Lot No.  Street No.

Street Name  Suburb

If more than one lot, please provide all relevant information on a separate page.

## TYPE OF INFORMATION / ADVICE REQUIRED (TICK ALL THAT APPLY)

**Zoning enquiry** - includes zoning, R-Code density and/or Local Development Plan

**Copy of Planning Approvals and Plans** - please specify which approvals are required:  
*Please Note: The City will require permission from all current owner/s of the land (see over page)*

**Written planning advice** - please specify what information / advice is required:  
 (Eg. land use classification and permissibility, planning requirements and interpretations, changes to zoning, and other planning matters requiring research or investigation)  
*Please Note: The City cannot confirm whether a proposal will be supported in the absence of a formal development application.*

Please attach separate page/s with further details if needed, including any plans or supporting information.

## OWNER DETAILS (ONLY REQUIRED FOR COPIES OF PLANNING APPROVALS AND PLANS)

**Same as Applicant** (PLEASE NOTE: The City requires permission from all current owner/s of the land)

Name  Signature  Date

Name  Signature  Date

Company Name (If applicable)

*An owner includes the persons referred to in the Planning and Development (Local Planning Schemes) Regulations 2015, Schedule 2, clause 62(2). If more than two owners, please provide all relevant information on a separate page.*

*For companies, appropriate signatories include two directors; or one director and one secretary; or one director for a sole proprietorship company. By signing and submitting this form, the Applicant declares that all owner/s of the land authorise the release of the requested Planning Approvals and Plans.*

## LODGEMENT & PAYMENT

Please submit this form to the City of Kwinana via:

	<b>EMAIL</b>	planning.team@kwinana.wa.gov.au
	<b>POST</b>	PO Box 21, Kwinana WA 6966
	<b>IN PERSON</b>	At the City of Kwinana Administration Building Cnr Gilmore Avenue and Suphur Road, Kwinana WA 6167 During cashier hours (Mon-Fri 8am-4pm)

- This form must be accompanied by a fee of \$73 (incl. GST) as per the City's Schedule of Fees & Charges.
- The City endeavours to respond within 10 business days of payment.
- We recommend contacting our Planning team to find out if Planning Approvals and Plans are available prior to submitting this form.

Invoice for fees to be made to (please select one)  Applicant  Other

If Other, please advise Contact Person

Email  Contact Number

Postal Address

## APPLICANT DECLARATION

I am aware that the City can only provide information that it has and that it can lawfully provide to me, and it is possible the City may not be able to provide me with the information that I request. I am also aware that a refund will not be provided in this instance. I am aware that this information is produced in good faith and it in no way binds a decision by the City, and the City expressly disclaims any liability whatsoever in respect of information supplied, or any error, omission, inadequacy or inaccuracy therein.

I am aware additional charges apply if I seek hard copies of Planning Approvals in accordance with the City's Schedule of Fees & Charges. I am also aware that retrieved Plans may be subject to copyright and that I should seek legal advice prior to reproduction of Plans.

Name  Signature  Date