



**SHIRE OF
TRAYNING**
Rock Solid

Local Planning Scheme No. 1

(Schedule 6)

APPLICATION FOR PLANNING APPROVAL

Owners Details		
Name:		
Address:		
		Post Code:
Phone:	Mobile:	Fax:
Email:		
Contact Person:		
Signature:		Date:
Signature:		Date:
<i>The signature of the owner(s) is required on all applications. This application will not proceed without that signature.</i>		
Applicants Details		
Name:		
Address:		
		Post Code:
Phone:	Mobile:	Fax:
Email:		
Contact person for correspondence:		
Signature:		Date:

Property Details		
Lot No:	House/Street No:	Location No:
Diagram or plan no:	Certificate of title no:	Folio:
Diagram or plan no:	Certificate of title no:	Folio:
Title encumbrances (e.g. easements, restrictive covenants)		
Street name:		Suburb:
Nearest street intersection:		
Existing building/land use:		
Description of proposed development and/or use:		
Nature of any existing buildings and/or use:		
Approximate cost of proposed development:		
Estimated time of completion:		
OFFICE USE ONLY		
Acceptance Officer's initials :		Date received:
Local government reference No:		
Commission reference number No:		