

Development Assessment Panel (DAP) Details Pre-Meeting Details

Instructions:

This form is to be used once you have made an appointment by telephoning the Chairperson of the panel on (02) 6670 2400.

A fee of \$532.00 is payable **PRIOR** to the meeting. Please see the cashiers once you have presented yourself to reception.

All Times are Australian Eastern Standard Time (AEST) and Daylight Saving Time (DST) is observed.

A1. Proposed Date and Time (provided to you by the DAP Chairperson)

<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	9.15am	<input type="checkbox"/>	10.30am	Date	<input type="text"/>
<input type="checkbox"/>	Friday	<input type="checkbox"/>	9.15am	<input type="checkbox"/>	10.30am	Date	<input type="text"/>

A2. Person(s) Addressing the Meeting

Primary Contact	<input type="text"/>	Title	<input type="text"/>
Other persons attending	<input type="text"/>	<input type="text"/>	<input type="text"/>
(due to space limits, please limit to four persons)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>

A3. Subject Site Details

Lot Number	<input type="text"/>	Section	<input type="text"/>	DP/NPP/SP	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Unit/Street No	<input type="text"/>	Street	<input type="text"/>		
Suburb/Town	<input type="text"/>				

A4. Proposal Details

Proposal

A5. Issues relating to Proposal

- | | | | |
|-----------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> DCP A1 | <input type="checkbox"/> Access | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Traffic/Parking |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Permissibility | <input type="checkbox"/> Bushfire | <input type="checkbox"/> Height/Density |
| <input type="checkbox"/> Other | | | |

A6. Specific Questions for the DAP relating to your Proposal

A7. Attached Plans

- | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Elevations | <input type="checkbox"/> Survey Plan | <input type="checkbox"/> Concept Plan |
|------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|

<input type="checkbox"/> Other	

NOTE! All plans should be emailed to the DAP Chairperson with this form.

A8. The Name(s) of any Council Officer(s) you Have Spoken to on this Matter

Name		Issue Discussed	