



Temora Shire Council
105 Loftus Street
TEMORA NSW 2666

☎ (02) 6980 1100
☎ (02) 6980 1138

✉ temshire@temora.nsw.gov.au

DEVELOPMENT APPLICATION

OFFICE USE ONLY:
 APPLICATION NO: _____
 DATE RECEIVED: _____
 DA DATE DETERMINED: _____
 BCA CLASS: _____
 CC DATE DETERMINED: _____

PROPOSED DEVELOPMENT DETAILS

APPLICANT

NAME: _____

POSTAL ADDRESS: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

SIGNATURE: _____

TYPE OF CONSENT

Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Other <input type="checkbox"/>
Use of Land/Building <input type="checkbox"/>	Subdivision <input type="checkbox"/>	Carrying Out of Work <input type="checkbox"/>	Demolition <input type="checkbox"/>
Development Consent <input type="checkbox"/>	Integrated Development <input type="checkbox"/>	Complying Development <input type="checkbox"/>	TSC/Codes SEPP (Circle) Local Gov. (Sec 68) <input type="checkbox"/>
Construction Certificate <input type="checkbox"/>	Temora Shire Council - Principal Certifying Authority <input type="checkbox"/>	Final Occupation Certificate <input type="checkbox"/>	

OWNER CONSENT (All owners must sign)

NAME: _____

POSTAL ADDRESS: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

SIGNATURE: _____

BRIEF DEVELOPMENT DESCRIPTION

LAND TO BE DEVELOPED

PROPERTY NAME: _____

PROPERTY DETAILS: _____

LOT: _____ SECTION: _____ DP: _____

ZONE: _____

ESTIMATED COST OF DEVELOPMENT

(This figure is used to determine fee structure. Please contact Council prior to submission to obtain the correct fee schedule)

\$ _____

FOR SUBDIVISIONS / BOUNDARY ADJUSTMENTS

BOUNDARY ADJUSTMENT <input type="checkbox"/>	SUBDIVISION OF LAND <input type="checkbox"/>	SUBDIVISION (BUILDING) <input type="checkbox"/>	OTHER <input type="checkbox"/>
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NUMBER OF LOTS CREATED: _____	<i>NOTE: Please submit a completed Statement of Environmental Effects (Subdivision Works) available from Council or www.temora.nsw.gov.au</i>
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FURTHER INFORMATION

Council requires a pre lodgment meeting to be conducted prior to the submission of any application. Contact Council's Environmental Services Department on (02) 6980 1100 to arrange an appointment. If assistance is required for the completion of this Application please contact Council's Environmental Services Department during normal business hours

BUILDERS NAME/COMPANY

NAME/TRADING NAME:	
LICENCE No:	
POSTAL ADDRESS:	
PHONE:	FAX:
MOBILE:	EMAIL:
SIGNATURE:	

OWNER BUILDERS

OWNER BUILDER PERMIT No: _____

BASIX

Required for New Dwellings, Alterations & Additions (valued at over \$50000) and Swimming Pools (volumes greater than 40000L)

BASIX CERTIFICATE No: _____

ASBESTOS

If any bonded asbestos material or friable material will be disturbed, repaired or removed in carrying out the development, what is the estimated area of the material? sqm

*NOTE: Any work costing \$5000 or more requires either a Licensed Builder or an Owner Builder Permit. Residential works (including sheds and swimming pools) costing \$20000 or more and are undertaken by a Licensed Builder must provide a copy of a current Home Warranty Insurance policy.
NOTE: BASIX is a NSW Dept of Planning web-based initiative to assess the performance of a new development with regards to sustainability. BASIX Certificates can be obtained from www.basix.nsw.gov.au . For more information please phone the BASIX Help Line on 1300 650 908.*

CONSTRUCTION DATA

			Floor Area (m ²):
Floor:	Roof:	Outer Walls:	Frame:

List of Documentation submitted with application (Note: Please provide document title and date of issue)

COUNCIL FEES – OFFICE USE ONLY

DA Fee: 012	Construction Certificate: 016
Subdivision Certificate: 013	Compliance Certificate: 033
Sewer Connect/Alt: 014	Septic Tank Install/Alt: 015
Long Service Levy: 040 <i>(0.35% of Project value where >\$25,000 – minus the commission @ \$19.80)</i>	NSW Govt. Planning Levy: 017 <i>(0.064% of Project Value where >\$50,000 – minus the commission @ \$5)</i>
Long Service Levy Commission (\$19.80) 018	Planning Levy Commission (\$5.00) 019
Occupation Certificate: 034	

TOTAL: **Receipt Number:**

OFFICE USE ONLY

Site: _____

Internal Drainage - Sewer: _____

External Drainage - Sewer: _____

Footings/Slab: _____

Frame: _____

Stormwater Drainage: _____

Wet Area Flashing: _____

Completion: _____