



NOTICE OF COMMENCEMENT OF WORKS AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

under the Environmental Planning and Assessment Act, 1979 Sections 6.6(2) or (4), 6.12(1)&(2)

Disclaimer: The information provided by you on this form will be used by Coolamon Shire Council to process this application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

PART 1 - Property & Applicant Details

1. Property Details	unit: <input type="text"/> street: <input type="text"/> suburb: <input type="text"/> lot: <input type="text"/>	house: <input type="text"/> postcode: <input type="text"/> DP/SP: <input type="text"/>
2. Applicant Details	family name (or company): <input type="text"/> full given names: <input type="text"/> OR company contact person: <input type="text"/> Postal address: <input type="text"/> suburb: <input type="text"/> postcode: <input type="text"/> home phone: <input type="text"/> mobile: <input type="text"/> office phone: <input type="text"/> fax: <input type="text"/> email: <input type="text"/> date: <input type="text"/>	

PART 2 - Development Details

3. Description of proposed development
Please tick (✓)

Building work	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Subdivision work	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Description of development

Existing use of site

Location id within existing building

9. Commencement of works

time:

date:



NOTICE OF COMMENCEMENT OF WORKS AND APPOINTMENT OF PRINCIPAL CERTIFYING AUTHORITY

under the Environmental Planning and Assessment Act, 1979 Sections 6.6(2) or (4), 6.12(1)&(2)

Disclaimer: The information provided by you on this form will be used by Coolamon Shire Council to process this application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

PART 3 - Applicant Declaration

10. Applicant declaration

I declare that all the information in the application and checklist is, to the best of my knowledge, true and correct. Please tick (✓)

yes

no

Applicants Signature

date:

PART 4 - Council Officer Declaration

11. Officer declaration

I declare that this application is, to the best of my knowledge, complete including all accompanying documentation and digital requirements. Please tick (✓)

Yes

no

Officer's signature

date:

Coolamon Shire Council
55 Cowabbie Street, Coolamon 2701
PO Box 101 Coolamon NSW 2701

Phone: 02 6930 1800
Fax: 02 6927 3168
Email: council@coolamon.nsw.gov.au
Website: www.coolamon.nsw.gov.au