



CASSOWARY COAST REGIONAL COUNCIL

PO Box 887

INNISFAIL QLD 4860

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Application – Local Government as a Referral Agency

Applicable Legislation: *Planning Regulation 2017 – Schedule 9, Division 2, Table 6*

Form Details/description: **Building Work for Residential Services**

1. Applicant details

Applicant's name (individual or company full name)	
Contact name	
Postal address	
Email address	
Name of Agent / Contractor (if not the applicant)	
Applicant reference number	

2. Property Details

Street address:				Lot on plan description:	
Unit No.	Street No.	Street name and locality	Postcode	Lot No.	Plan type and plan number

3. What is the nature of the work that requires assessment

Description of the proposal

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4. Supporting documentation		
<input type="checkbox"/> Completed Section 6	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Elevation Plans

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5. Reasons and justification of this request
(ie: how does the proposal comply with the assessment criteria)

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PART A – Residential services – QDC MP5.7 assessment benchmarks	

6. Applicant's declaration			
<input type="checkbox"/> I/We declare that all information in this application is true and correct at the time of lodgement. <i>Note: It is unlawful to provide false or misleading information.</i>			
Signature/s		Date	

6. Applicant's declaration			
<input type="checkbox"/> I/We declare that all information in this application is true and correct at the time of lodgement. <i>Note: It is unlawful to provide false or misleading information.</i>			
Signature/s		Date	

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Signature/s		Date	

The Council as the Referral Agency may, by written notice, request the applicant to provide further reasonable information or clarification of information, documents or materials to be included in the application. Council as the Referral Agency may require an application to include site plans, management plans, relevant consents.

OFFICE USE			
Application Number:		Application Fee:	\$400

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