

Address all communication to the General Manager Shellharbour City Council, Locked Bag 155 Shellharbour City Centre, NSW 2529 DX 26402 Shellharbour City Centre p. 02 4221 6111 f. 02 4221 6016 council@shellharbour.nsw.gov.au www.shellharbour.nsw.gov.au

Application for Prelodgement Meeting

| 1. Applicant's Details | | | | |
|-----------------------------------------------------|---------------------|--|--|--|
| Mr 🗆 Ms 🖾 Mrs 🖾 Other [| | | | |
| Given Name (or A.C.N) Family Name (or Company Name) | | | | |
| | | | | |
| Unit/Street No. Street Name | Suburb | | | |
| | | | | |
| State Postcode Day | ytime Telephone Fax | | | |
| | | | | |
| Mobile | Email | | | |
| | | | | |

| 2. Attendee Nar | me | Contact Number | Email Address |
|-------------------------|-------------|----------------|-----------------|
| | | | |
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| | | | |
| | | | |
| 3. Site Details | | | |
| Unit/Street No. | Street Name | | Suburb |
| | | | |
| Postcode | Lot No. | | Section, DP No. |
| | | | |
| 4. Proposal | | | |
| | | | |
| Development Description | | | |
| | | | |
| | | | |
| | | | |
| Value of Developme | ent \$ | | |

5. Not for Profit Organisation

Are you from a "not for profit" organisation?

If yes, please provide evidence with your application form

6. Issues

List the specific issues that you want addressed and discussed at the prelodgement meeting

| 4. 7. | Documents to be Submitted |
|----------|---------------------------|
| э. | |
| 3 | |
| 2. | |
| 1. | |
| | |

□ Yes

□ No

The following documents need to be submitted with your application form on a CD/USB only. No hard copies required.

1. Concept Report

Your Concept Report should contain:

- Introduction including overall concept, existing use, any relevant historical information, etc.
- Description of the site and its surrounding area
- Detailed description of proposed works

2. Plans to scale of 1:100 (2 sets)

Your Concept Plans must include:

• Site plan, details of levels, floor plans, elevations with dimensions

Your Concept Plans may need to address:

- Access/Disability
- Fire Safety/BCA requirements
- Car parking
- Garbage/waste disposal area

Please bring a copy of this application form with you to your meeting

8. Disclaimer

The advice given at the DA Prelodgement meeting is intended as a guide only and in no way will Council accept any responsibility for loss or harm resulting in reliance upon the advice. The advice given cannot bind Council to determine the outcome of any development application. The advice is given independent of the formal development application process and in no way is designed to influence or guarantee the outcome of the formal development application process. The advice provided does not take into account information such as, but not limited to, resident objections nor any draft environmental planning instruments, plans, policies or codes. The Council cannot guarantee that the advice provided will guarantee a specific result if the applicant subsequently decides to lodge a formaldevelopment application. Please note that your booking will not be confirmed until payment has been made. Once a booking is confirmed it can be changed up to 48 hours prior to the meeting. Bookings cancelled within 48 hours of the meeting will not receive a refund. Please arrive 5 minutes early to your meeting, and inform us if you know you will be late. If you are more than 15 minutes late without informing us your meeting will be considered cancelled, and no refund will be given. By submitting this form you agree to the above conditions and acknowledge understanding of the information provided in this disclaimer.

9. Fees & Charges

| \$377 | Development proposals up to \$1M |
|--------|---------------------------------------------|
| \$592 | Development proposals between \$1M and \$5M |
| \$1346 | Development proposals exceeding \$5M |

| Office Use Only – Prelodgement Details | Office Use Only | | |
|----------------------------------------|-----------------|--------------------------------|--|
| Date: | Paid By: 🛛 Chec | Paid By: 🛛 Cheque 🗆 EFT 🗖 Cash | |
| Time: | Amount: \$ | Receipt No: | |
| Time. | Date: | Initials: | |

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|---------------------------------------------------------------|--|--|--|--|
| All hardcopies to be destroyed according to procedures | | | | |
| Prelodgement Application Form Payment: Application Number: | | | | |
| Credit Card Details | | | | |
| Please charge my: Master Card □ Visa □ | | | | |
| Card Number Expiry Date/ | | | | |
| Card Holder's NameAmount \$ | | | | |
| Signature Phone () Email address | | | | |
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