All Communication address to the General Manager
Shellharbour City Council,
Locked Bag 155
Shellharbour City Centre, NSW 2529
p. 02 4221 6111 **f.** 02 4221 6016
e. records@shellharbour.nsw.gov.au
www.shellharbour.nsw.gov.au

DX 26402 Shellharbour City Centre

Application to enter into a Works in Kind Agreement

Please refer to Council's Section 94 Works in Kind Policy when preparing this application.

1. Applicant

Company Name (if applicable)

Contact Name

Contact Email

2. Land subject to development consent (that requires a Section 94 contribution)

Unit/Street No.

Street Name

Suburb

Postcode

Lot No.

DP No.

Development Consent Number

Date consent granted

Descripton of Development

3. Proposed Works in Kind

Location of Proposed Works in Kind

Section 94 Contributions Plan Item (if applicable) & Estimated Cost

Proposed Works to be undertaken (full or partial completion of Section 94 Plan item)

Estimated Value of proposed works & variation (if any) to estimate in Section 94 Plan. Include concept design & detailed quotation.

Proposed timeframe for delivery of Works

Components of Works not in accordance with Section 94 Contributions Plan (if any)

4. Section 94 contribution offset and reimbursement

Section 94 contribution offset that is requested

Is a request for funding or reimbursement being made?

5. Supporting information

Other supporting information

6. Signature of applicant

Signature

Date

Name of signature

Contact Phone Number