



PHYSICAL PLANNING ACT, 1989

PPN 04 -

APPLICATION FOR PLANNING PERMISSION

Complete or tick the boxes as appropriate. See Notes for Guidance overleaf.

1. LOCATION OF THE PROPOSAL

Phys. Planning Area NATIONAL CAPITAL DISTRICT Portion [ ] OR [ ] Sec. [ ] Lot(s) [ ] OR [ ] Other Description

2. APPLICANT

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Address \_\_\_\_\_

3. AGENT (Complete this section only if relevant)

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Address \_\_\_\_\_

4. ARE YOU THE SOLE OWNER (OR THE AGENT OF THE OWNER) OF THE LAND IN QUESTION

[ ] YES IF YOU HAVE ANSWERED 'NO' YOUR APPLICATION WILL BE PROCESSED ONLY IF IT IS ACCOMPANIED BY A LIST OF NAMES OF ALL OWNERS AND EVIDENCE THAT THEY HAVE BEEN NOTIFIED BY YOU ABOUT THIS APPLICATION. [ ] NO

5. THIS APPLICATION IS FOR:

[ ] FULL PERMISSION [ ] OUTLINE PERMISSION [ ] APPROVAL OF RESERVED MATTERS FOLLOWING AN OUTLINE PERMISSION

6. DESCRIPTION OF THE PROPOSAL

THIS IS AN APPLICATION TO:

[ ] ZONE OR RE-ZONE LAND (Proposed Zoning: \_\_\_\_\_) [ ] SUBDIVIDE / CONSOLIDATE LAND (Identify as appropriate) [ ] DEVELOP LAND IN ACCORDANCE WITH ITS ZONING [ ] DEVELOP LAND NOT IN ACCORDANCE WITH ITS ZONING [ ] OTHER (Specify: \_\_\_\_\_)

BRIEF DETAILS OF THE TYPE AND SIZE OF ANY DEVELOPMENT PROPOSAL :

\_\_\_\_\_

7. FEE PAID

8. SIGNATURE

9. DATE

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