Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

Hours Mon-Fri 8am-5pm (Cashier hours 8am-4pm) | Telephone 08 9439 0200

Facsimile 08 9439 0222 | TTY 08 9419 7513 | admin@kwinana.wa.gov.au | www.kwinana.wa.gov.au



REQUEST FOR WRITTEN PLANNING ADVICE

APPLICANT D	ETAILS	
Name		
Postal Address		
Postcode		
Contact Number	Mobile Number	
Email		
	Lespondence will be via email where possible.	
ricase Note. Air com	spondence will be via email where possible.	
DDODEDTV DE	TAILS FOR WHICH INFORMATION IS REQUIRED	
Lot No.	Street No.	
Street Name	Suburb	
If more than one lot,	please provide all relevant information on a separate page.	
TYPE OF INFO	RMATION / ADVICE REQUIRED (TICK ALL THAT API	PLY)
Zoning enqui	ry – includes zoning, R-Code density and/or Local Development Plan	1
Copy of Planr	ing Approvals and Plans – please specify which approvals are req	uired:
	ty will require permission from <u>all</u> current owner/s of the land (see over page)	
	ling advice - please specify what information / advice is required: assification and permissibility, planning requirements and interpreta	itions changes to zoning and other planning
matters requir	ng research or investigation)	
Please Note: The Ci	ty cannot confirm whether a proposal will be supported in the absence of a formal dev	elopment application.
Please attach separa	ite page/s with further details if needed, including any plans or supp	orting information.

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me		7	on from all current owner/s of the		
	ame		ıre	Date	
lame		Signature		Date	
mpany Name (lf app	olicable)				
nning Schemes) Regulatior	s referred to in the Planning and Develo ns 2015, Schedule 2, clause 62(2). If moi evant information on a separate page.	ppment (Local re than two	For companies, appropriate signatories one secretary; or one director for a sole p submitting this form, the Applicant declar the release of the requested Planning Ap	proprietorship company. By sigr res that all owner/s of the land	ning and
DDGEMENT & F	PAYMENT				
Please submit this	form to the City of Kwinana v	via:			
@ EMAIL	planning.team@kwinana.wa	ı.gov.au	 This form must be accompanied by a fee of \$73 (incl. GST) as per the City's Schedule of Fees & Charges. The City endeavours to respond within 10 business 		
POST	PO Box 21, Kwinana WA 696	56			
• IN PERSON	At the City of Kwinana Administration Building Cnr Gilmore Avenue and Su Road, Kwinana WA 6167 During cashier hours (Mon-Fri 8am-4pm)	phur	 days of payment. We recommend contacting our Planning team to find out if Planning Approvals and Plans are available prior to submitting this form. 		
Invoice for fees to I	oe made to (please select one))	Appl	icant Other	
If Other, please adv	·				
Email			Contact Number		
Postal Address					

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