



# AMENDMENT TO LANDSCAPE PLANS

How was the development approved (Please specify) ?

- Development Consent       Complying Development Certificate       Certified Plan  
(Landscape Architect, etc)

## THE APPLICATION

### DATE OF APPLICATION:

### LAND TO BE DEVELOPED

Lot No.:  Deposited Plan:   
House No.:  Street Name:   
Suburb:  Post Code:   
Area (m<sup>2</sup>):  Section/Folio:

### THE DEVELOPMENT

Description of Development:

### ACCESS

Contact Person:  Phone:

### LANDSCAPE ARCHITECT, ARBORIST, HORTICULTURALIST (if applicable)

Name:   
Postal Address:   
Licence No.:   
Contact No.:  Fax / E-mail:

### THE APPLICANT/OWNERS

	Owner 1 / Applicant	Owner 2	Owner 3	Owner 4
First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### BILLING DETAILS

Note: Payment of the 'non-refundable fee' must be paid at the time of lodgement of this Application.

Applicant      Company Name:   
 Builder      Address:   
 Other (Please provide details)      Phone:



# OWNERS CONSENT

## OWNERS CONSENT

I/we the owners of the subject property hereby give consent for the lodgement of this request and associated documentation to Local Consultancy Services Unit Trust for consideration.

I/we also give authorisation for the entry by Local Consultancy staff onto the subject premises and any other properties owned by the Applicant that provide access to the subject site.

## SIGNATURES

### THE APPLICANT/OWNERS

Owner 1 / Applicant

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Owner 2

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Owner 3

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Owner 4

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION REQUIRED TO ACCOMPANY THIS REQUEST

REQUIREMENT	COPIES	PROVIDED	N/A
Proposed Site Plan	1	<input type="checkbox"/>	<input type="checkbox"/>
Original Site Plan	1	<input type="checkbox"/>	<input type="checkbox"/>
Payment of relevant fees		<input type="checkbox"/>	<input type="checkbox"/>
Architectural Plans (if relevant)	1	<input type="checkbox"/>	<input type="checkbox"/>
Owners details		<input type="checkbox"/>	<input type="checkbox"/>
Access details		<input type="checkbox"/>	<input type="checkbox"/>
Gate keys (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ALLOW 5 WORKING DAYS FOR THIS APPLICATION TO BE CONSIDERED.