



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.:	<input type="text"/>	Deposited Plan:	<input type="text"/>
House No.:	<input type="text"/>	Street Name:	<input type="text"/>
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
Area (m ²):	<input type="text"/>	Section/Folio:	<input type="text"/>

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 <i>(if relevant)</i>	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 <i>(if applicable)</i>		<input type="checkbox"/>	<input type="checkbox"/>

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