

Request for Comment Form

Adjoining Owner or Occupier Request



SUBMISSION STATEMENT: All comments received by the City are given due consideration as part of the decision making process. The fact an adjoining owner objects does not compel the City to refuse an application. The City will carefully consider the application as required. Adjoining owner/occupiers comments do not constitute directions to the City's in the decision making process.

Details of Proposed Development

Name:					
Lot No:		Street No:		Street Name:	
Suburb:				Postcode:	
Details of proposal:					

Details to be considered by owner/occupier

<input type="checkbox"/>	Plan attached	<input type="checkbox"/>	Report attached
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Adjoining Property Owner or Occupier Details

Name:					
Lot No:		Street No:		Street Name:	
Suburb:				Postcode:	

ADJOINING PROPERTY OWNER/OCCUPIER COMMENTS

I/we have inspected the plans and comment as follows: (Please feel free to attach additional commentary and/or plans if necessary)

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PRIVACY STATEMENT: The personal information requested on this form is being collected by the City for the purposes of assessment as required. The personal information will be used by the City for that primary purpose or directly related purposes. The City may disclose the information where required including in Council reports and Agendas. Disclosure will only be as permitted by law and in accordance with permissions. The City may contact the adjoining owners direct if required and disclose the contents of this application, including personal information. The signatory acknowledges the personal information provided is for purpose of consultation and that he or she may apply to the City for access to and/or amendment of the information. Requests for access and/or correction should be made to CKB Officers.

- I/We do not provide permission for my/our name and other relevant information to be published where any comments made herein are required to be published.

Signed: _____ Date: _____ Phone: _____

Print name: _____

Signed: _____ Date: _____ Phone: _____

Print name: _____

Email: _____

Please include your email address if you would like acknowledgement of your submission.

OFFICE USE ONLY (*Information Management Team, please distribute this form to the Assessing Officer*)

Assess. No:

Assessing Officer: