

APPLICATION FOR FORM 26 - COMPLETION OF APPROVAL CONDITIONS

APPLICANT DETAILS

Applicant Name	
Company Name (if applicable)	
Correspondence Address	
Email Address	
Phone Number	

IF APPLICABLE	Project Planner	
	Phone Number	
	Email Address	
	Project Engineer	
	Phone Number	
	Email Address	

APPLICATION DETAILS

Development Approval Reference Number	
Approval Date	
Property Address	
Number of Lots to Clear	
Strata Plan Number	
Estate Name and Stage (if applicable)	

DECLARATION

I declare that all conditions have been satisfied and I understand that anything left incomplete will result in the application being unable to proceed. I also understand that additional site inspections due to uncomplete conditions may incur supplementary fees to be paid prior to clearance being issued.

SIGNED: _____ NAME AND POSITION: _____

DATE: ____/____/____

REQUIRED DOCUMENTS

	Attached
Two Copies of the Strata Plan (Printed to Scale – 1:100 or 1:200)	
Copy of Planning Approval and Plan	

CONDITIONS TO CLEAR

Condition No.	Details of How Condition Has Been Completed to the Satisfaction of City