

## APPLICATION FOR FORM 15C - COMPLETION OF APPROVAL CONDITIONS

APPL	ICANT DETAILS	
Appli	cant Name	
Company Name (if applicable)		
Correspondence Address		
Email Address		
Phon	e Number	
Щ	Project Planner	
	Phone Number	
  YB		
	Email Address	
F APPLICABLE	Project Engineer	
	Project Engineer Phone Number	
=	Email Address	
	Email Address	
Deve Refer Appro Prope Numb Strata	lopment Approval rence Number oval Date erty Address per of Lots to Clear a Plan Number e Name and Stage	
DECL	ARATION	
result	in the application being ur o uncomplete conditions m	e been satisfied and I understand that anything left incomplete winable to proceed. I also understand that additional site inspectional incur supplementary fees to be paid prior to clearance being
SIGNF	ED:	NAME AND POSITION:
	:	

City of Cockburn Application for Clearance – Completion of Approval Conditions
9 Coleville Crescent, Spearwood WA 6163 PO Box 1215, Bibra Lake DC WA 6965 P 08 9411 3444 F 08 9411 3333 cockburn.wa.gov.au



## **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		

Version: 3, Version Date: 12/05/2020