

APPLICATION FOR FORM 26 - COMPLETION OF APPROVAL CONDITIONS

APPLICANT DETAILS		
Applicant Name		
Company Name (if applicable)		
Correspondence Address		
Email Address		
Phone Number		
Desired Diseases		
J.Project Planner		
L Prone 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 w result in the application being unable to proceed. I also understand that additional site inspection due to uncomplete conditions may incur supplementary fees to be paid prior to clearance being		
issued.		
SIGNED: NAME AND POSITION:		
DATE:/		

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: 1, Version Date: 15/12/2016