

GOSFORD CITY COUNCIL APPLICATION FOR APPROVAL



CA No DA No 23012 BA No

Application Type	<input type="checkbox"/> Building	<input checked="" type="checkbox"/> Development	<input type="checkbox"/> Combined BA/DA (CA)
	<input type="checkbox"/> Demolition		<input type="checkbox"/> Hoarding

DESCRIPTION OF LAND

(Please Print)
 Street No & Name ...18...HALLARDS...ROAD.....
 Locality...CENTRAL...MANGROVE.....NSW..... Post Code ..2250.....
 Lot(s) ...584..... Sec DP(s) ..809570.....

DETAILS OF OWNER(S)

(Please Print) TRUSTEES
 Name ..MANGROVE...MOUNTAIN...R...S...L...SUBBRANCH... Phone 02...4373...1129
 Address ..18...HALLARDS...ROAD.....
 ...CENTRAL...MANGROVE.....NSW..... Post Code ...2250.....

DETAILS OF APPLICANT

(Please Print)
 Name ..G & H TODD PTY LTD..... Phone (AH).....
 Address ..146...PARNELL...ROAD..... Phone (BH)02...95678001
 ...TOMERONG NSW Postcode ..2540..... Fax

DETAILS OF BUILDER Owner Licenced To be advised (139184)

(Please Print)
 Name Phone
 Address
 Post Code Licence No

DESCRIPTION OF PROPOSED WORK

Complete this section for all Building Applications (BAs) & Combined Applications (CAs)	Type of Work <input type="checkbox"/> New <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Other (Specify) <u>REMODELLING GOLF COURSE</u>	Size of Development / Total new Floor area Square Metres
	Type of Building <input type="checkbox"/> Dwelling <input type="checkbox"/> Dual Occupancy <input type="checkbox"/> Shop <input type="checkbox"/> Offices <input type="checkbox"/> Outbuilding <input type="checkbox"/> Fence <input type="checkbox"/> Carport <input type="checkbox"/> Garage <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Residential Flat Building <input type="checkbox"/> Other (Specify)	

DA/CA only Description of Proposed Development RECONSTRUCTION OF EXISTING GOLF COURSE TO UPGRADE TO 18 HOLE GOLF COURSE

OFFICE USE ONLY

Application Type Correct
 Y N

Land Details Correct?
 Y N

Zone
1A, 1B

Is a DA Required?
 Y N

Owner Details Correct?
 Y N

Planning Control

Contract/Quote supplied

Y / N

Fee based on
\$400,000

Notes

OFFICE USE ONLY

Fees

DA ~~1200~~
BA 1400

Sub Total

Discount

CA Fee

Long Service Levy
0.2%

Chemical Closet

Water

Sewer

Septic

A/Stamping

Inspections

SEPP 1

DA Advertising

\$100

TOTAL

1500

~~1200~~

Insurance sighted

Y/N

Plans

To an acceptable standard

Y/N

Correct Number

Y/N

All Owners
Consent

Y/N

Checked By

[Signature]

Date

19.3.97

Receipt

92738

DESCRIPTION OF PROPOSED WORK (Continued)

All Applications

Number of new Dwellings Number of Stories

Materials used

Floor N/A Timber Concrete Other (specify)

Roof N/A Tiles Metal Other (specify)

Outer Walls N/A Brick Veneer Double Brick Fibro

Weatherboard Other.....

NUMBER OF PLANS TO BE PROVIDED (TO SCALE)

ALL Applications

Erosion & Sedimentation Control Plan

Building Application only

5 full size sets **PLUS** 5 copies of site plan & elevations only, reduced to A4 size for advertising this application (unless previously advertised)

Development Application only

5* full size sets of plans

Combined Application

6* full size sets of plans

Additional Stamped Plans

Number of sets

* 7 copies of DA plans or 8 copies of CA plans will be required for developments valued in excess of \$500,000

ENVIRONMENTAL IMPACT

All Development Applications

A statement of Environmental Effect is required

For Designated Developments

An Environmental Impact Statement is required

OTHER ATTACHMENTS

Additional material requested by consent authority

Additional material submitted by applicant

Details of any prior staged consent granted

PLEASE NOTE THAT APPROVED PLANS WILL BE RETURNED TO THE APPLICANT UNLESS OTHERWISE ADVISED.

WHEN THE APPLICANT IS NOT THE OWNER

NB Council will only correspond with the Applicant

I hereby consent to...G. & H. TODD PTY. LTD.....
being the Applicant applying for approval requested herein.

OWNERS CONSENT

Signature of ALL registered owners (according to Council records) of the subject property(ies) are required for this application. NB Company Stamp or Seal must be affixed if applicable (section 78 Local Government Act 1993)

[Signature] G. & H. Todd and *[Signature]* Date: 11-3-97

Where the property has recently changed hands Council may require evidence of the current ownership such as a current certificate of title or a letter from a practising conveyancer confirming the change.

GOSFORD CITY COUNCIL - FACILITIES CHECKLIST

20 SEPP1/POLICY VARIATION/FACILITY

Field Label

SEPP1 USED	Yes/No	
PLANNING INSTRUMENT		(eg IDO No.122 GPSO, SREP No12)
SECTION 104A ADVT	Date	(To be completed by D.Colman)
PUBLIC SUBMISSIONS	Yes/No	
COUNCIL POLICY VARY	Yes/No	
POLICY No.		
FACILITATION	Yes/No	
FACILITATION OUTCOME	Successful/ Unsuccessful/ Partly Successful	

100 SUBDIVISIONS:

NO. PROPOSED LOTS	Number	_____
NO. EXISTING LOTS	Number	_____
NO. ADDITIONAL LOTS	Number	_____
LENGTH OF ROAD Sq.Mtrs	Number	_____
PUBLIC RESERVE Sq.Mtrs	Number	_____
DRAINAGE RESERVE Sq.Mtrs	Number	_____
PUBLIC RES CONTRIB	Number	_____
GCC NUMBER	Number	_____

200 MULTI- RESIDENTIAL DEVELOPMENT:

NO. SMALL DWELLINGS	Number	_____
NO. MEDIUM DWELLINGS	Number	_____
NO. LARGE DWELLINGS	Number	_____
OPEN SPACE DED. Sq Mtrs	Number	_____
OPEN SPACE CONT. S	Number	_____

300 COMMERCIAL:

GROSS FLOOR SPACE	Number	_____
No. OF EMPLOYEES	Number	_____
No OF CAR SPACES	Number	_____
No. SPACES S IN LIEU	Number	_____

400 INDUSTRIAL:

GROSS FLOOR SPACE	Number	_____
No. OF EMPLOYEES	Number	_____

500 COMMUNITY USE:

No. HOSPITAL BEDS	Number	_____
No. NURSING HM BEDS	Number	_____
No. HOSTEL BEDS	Number	_____
No. FLEX UNITS	Number	_____
No. SELF CARE UNITS	Number	_____
No. OF SEATS	Number	_____
No. OF STUDENTS	Number	_____
No. OF CHILDREN	Number	_____

