

Application for Subdivision Clearance

Please complete this form and submit with supporting documents, listed below.

Ţ	Lot no(s): Street no(s		:
PROPERTY	Street name:		
PRO	Suburb: Post code		
OWNER	Name(s):		
	Address:		
	Suburb:	Post code:	
	Name(s):		
APPLICANT DETAILS	Address:		
	Suburb:	Post code:	
	Phone (mobile):	Phone (other):	
	Email:	Contact person:	
	I declare that all of the information provided in this application is true and correct		
	Signature:	Date:	
PC DETAILS	WAPC application reference no.:		
	Date of WAPC approval:		
	Condition numbers requiring clearance by Local Government:		
WAPC	All Local Government conditions requiring clearance have been satisfied? • Yes		
			Office use only
 Covering letter listing conditions for clearance with a description of how they have been satisfied 		Acceptance Officer's initials:	
O Deposited Plan or Survey-Strata Plan for clearance by Council		Date received:	
Statutory Declaration (if required)		Local Government reference no.:	

