





## Form 17A | Pre-lodgement Advice Request

Version: 2.0 (June 2022)

1. Proposed	development					
Land:						
(Lot number, stree	t name, town/suburb)					
□ A copy of each	Certificate of Title must be provide	d with this form				
Certificate of Title	Lot No.:	Location No.	:			
Plan or diagram:	Volume:	Folio	:			
Certificate of Title	Lot No.:	Location No.	:			
Plan or diagram:	Volume:	Folio	:			
Certificate of Title	Lot No.:	Location No.	:			
Plan or diagram:	Volume:	Folio	:			
Certificate of Title	Lot No.:	Location No.	:			
Plan or diagram:	Volume:	Folio	:			
Planning Schemes:						
	lame of planning scheme(s) that applies to the presc	ribed land				
Description of propos	sed development					
Estimated cost of pro	posed development (excl. gst) \$					
Project name:						
2. Applicant details						
	person with whom the WAPC will corre otice, I declare that all the information pro	spond and the person to whom the dete	ermination will be sent.			
By completing this n	ouce, raeciare that all the illiormation pro-	vided is true and correct.				
Contact person:						
Name/company:						
Postal address:						
Town/suburb:			Postcode:			
Phone number/s:						
Email:						
Applicant signature:						
Name and position:	(if signing on behalf of a company or agency)		Date:			



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## 3. Landowner details

To be completed and signed if landowner is different from applicant.

- \* By completing this notice, consent is provided to submitting this application.
- \* If there are more than two landowners, please provide all relevant information on a separate page.
- \* Signatures must be provided by all registered proprietors or by an authorised agent as shown on the Certificate of Title.
- \* Alternatively, a letter of consent, which is signed by all registered proprietors or by the authorised agent, can be provided.
- \* Companies, apart from sole directors, are required to provide signatories for two directors, a director and the company seal or a director and a company secretary.

ontact person:				
ame/company:				
CN/ABN (if applicable:	)			
ostal address:				
wn/suburb:				Postcode:
none number/s:				
mail:				
andowner signature	:			
ame and title/s:				Date:
	(if signing on behalf of a company or age	ncy)		
Please identif	nent pathway  by the anticipated assessmine of the following)	ent pathway for the propo	sed development:	
	olication made to the WAPC 1	for approval as Significant D	evelonment s 271	
		-	stimated cost of \$20 million o	r morol or
Develo	opment <b>outside the metro</b> p	politan region <sup>1</sup> that has an	estimated cost of \$5 million o	r more
or				
Notification	n to the Minister for Planning	for application of State or re	egional importance (s.272).	
	J			
¹The metropolitan reg	ion incorporates the following loc	cal government areas:		
<sup>1</sup> The metropolitan reg	ion incorporates the following loc	cal government areas:  City of Perth	City of Vincent	Town of Cambridge
		-	City of Vincent City of Wanneroo	Town of Cambridge Town of Claremont
City of Armadale	City of Gosnells	City of Perth	•	· ·
City of Armadale City of Bayswater City of Belmont City of Canning	City of Gosnells City of Joondalup City of Kalamunda City of Kwinana	City of Perth City of Rockingham City of South Perth City of Stirling	City of Wanneroo Shire of Mundaring Shire of Peppermint Grove	Town of Claremont Town of Cottesloe Town of East Fremantle
City of Armadale City of Bayswater City of Belmont	City of Gosnells City of Joondalup City of Kalamunda	City of Perth City of Rockingham City of South Perth	City of Wanneroo Shire of Mundaring	Town of Claremont Town of Cottesloe Town of East Fremantle



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5. Pre-consultation information
Has any preliminary consultation with any person, Minister, local government or State agency been undertaken prior to submitting this request?
Yes No
If yes, please provide details below
(Person/body/agency consulted; nature of discussion; comments received)
Please refer to the State Development Assessment Unit's Part 17 - Guide for Applicants for more information.
OFFICE USE ONLY
Acceptance officer's initials: Date received:
SDAU pre-lodgement reference No.: