



## Form 11B-1 Significant Development

## Application for Development Approval

Version 1.1 (December 2024)

1. Proposed D			
i. i ioposeu D	evelopment		
Developer: (If applicable)		Project name:	(If applicable)
Description of Propose	ed Development:		
ype of development:	Residential Comme	ercial Industrial	Mixed Use (must include residential component)
	Other (please specify):		
roposed Use Class/es ι	under Local Planning Scheme:		
Proposed Number of Dw	/ellings (If applicable):		
Proposed Non-Residenti	ial Net Lettable Area (m²) (If applicable	ı):	
Estimated cost of develo	pment (excl. GST): \$		
Estimated time of comple	etion:		
2. Significant I	Development Pathway	Fligibility	
	eant Development (opt-in) s.171L(1)		
_	tropolitan or peel region scheme		d cost of \$20 million or more: or
	netropolitan or peel region schem		
In accordance with	an authorisation from the Premier	s.171L(1)(b)	
3. Details of Pr	re-lodgement Consulta	ation	
	-		
	ant development application, the pl ed by the Commission, request a d		t consult with the Commission about the lopment be conducted <b>r.6(1)</b> .
Pre-lodgement advice re	ference number:		
State Design Review Par	nel (SDRP) reference number (If appli	icable):	

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## 4. Owner/s details

All the registered proprietors (landowners) as shown on the record of certificate/s of title for the subject lot/s must be provided: if there is more than one, please show on separate sheet. For the purposes of signing a significant development application, an owner includes persons or bodies referred to under **r.7(2**) of the Planning and Development (Significant Development) Regulations 2023.

Full name:					
Company/agency:					
(If applicable)  ACN/ABN: (If applicable)					
Postal address:	,				
Town/suburb:		Po	estcode:		
Email:	Phone Number:				
Owner Signature:	Date:				
Name and position: (if signing on behalf of a company or agency)					
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5. Applicant details (if	different from owner	r)			
The applicant is the person with whon	n the WAPC will correspond and th	e person to whom the deter	mination will be sent.		
Name/Company:					
Contact Person:					
Postal address:					
Town/suburb:	Postcode:				
Email:		Phone N	Phone Number:		
Applicant Signature:	Date:				
Name and position: (If signing on behalf of a company or agency)					
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6. Property details					
Local Government Area:					
Local Planning Scheme:		Zoning:			
Region Scheme: (If applicable)		Zoning:			
Location of Proposed Development:					
Certificate of title description of land:	(House number, street name, suburb)  Lot No.:	Location	No ·		
Plan or diagram:	Volume:	,	Location No.: Folio:		
Certificate of title description of land:	Lot No.:	Location			
Plan or diagram:	Volume:		olio:		
Certificate of title description of land:	Lot No.:	Location			
Plan or diagram:	Volume:		olio:		
If there are more than three relevant of					

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6. Property details continued
Certificate of Title Encumbrances (e.g. easements, restrictive covenants)
Nature of any existing building/s and/or land use/s:
7. Applicant and Owner Declaration
Please refer to the Departments Part 11B Significant Development – Guide for Applicants for more information.
In making this application, the applicant and landowner/s:
<ul> <li>acknowledge that this is an application made under Part 11B of the Planning and Development Act 2005, and any decision made will be deemed to be a decision under the applicable planning instrument in accordance with section 171U(2) of the Planning and Development Act 2005.</li> </ul>
<ul> <li>acknowledge that the information and plans provided with this application may be made available by the WAPC for public viewing in connection with the application and may form part of a public meeting agenda or WAPC reporting process.</li> </ul>
<ul> <li>confirm they have completed and attached the Department of Planning, Lands and Heritage's Significant Development Application Checklist, along with all the information that is required to be submitted.</li> </ul>
acknowledge that all submitted documentation may be subject to the Freedom of Information Act 1982.
OFFICE USE ONLY
Acceptance officer's initials:  Date received:  Commission reference No.: