



Date	<input type="text"/>	WAPC Reference No.	<input type="text"/>
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☐ WRITTEN PRE-LODGEMENT ADVICE ☐ DEVELOPMENT APPLICATION

APPLICATION DETAILS

Application Type	Significant Development Application		
Proposed Development	<div></div>		
Property Details	Lot No(s):	House/Street No:	Locality:
	Diagram Plan No:	Certificate of Title Vol. No:	Certificate of Title Folio:
	Title Encumbrances (e.g. Easements, Restrictive Covenants):		
	<div></div>		
	Street Name:	Suburb:	
Applicant(s)	<div></div>		
Owner(s)	<div></div>		
MRS Zoning	<div></div>		
LPS Zoning	<div></div>		

REFERRAL RESPONSE DUE DATE

<input type="checkbox"/> 21 days	DATE:	DDMMYYYY
<input type="checkbox"/> Other	DATE:	DDMMYYYY

Referral Agency	Reason for Referral
<input type="checkbox"/> MRWA	
<input type="checkbox"/> DFES	
<input type="checkbox"/> DWER	
<input type="checkbox"/> Wester Power	
<input type="checkbox"/> Water Corporation	
<input type="checkbox"/> DCBA	
<input type="checkbox"/> DBCA - SRT	
<input type="checkbox"/> DMIRS	
<input type="checkbox"/> PTA	
<input type="checkbox"/> DoT	
<input type="checkbox"/> JTSI	
<input type="checkbox"/> DPIRD	
<input type="checkbox"/> HEALTH	
<input type="checkbox"/> EDU	
<input type="checkbox"/> ATCO	
<input type="checkbox"/> APA	
<input type="checkbox"/> DBP	
<input type="checkbox"/> OTHER	

PLANS and DOCUMENTATION PROVIDED FOR PROPOSAL (to be completed by SRC Unit)

List all documentation submitted with the application

Has pre-lodgement referral advice been provided previously for the proposal?
(to be completed by SRC Unit)

☐ Yes ☐ No

If yes, refer to single-sector referral response attached.

DPLH OFFICER COMMENTS

Provide any relevant comments such as why it is a SDAU application, any relevant background information and context.

ACKNOWLEDGMENT REQUEST FOR REFERRAL ADVICE RECEIVED

Please complete the below and return to src@dplh.wa.gov.au within 7days of receiving the referral advice request.

Date:	
Agency:	
Application address:	
Wapc file number:	
Proposal:	
Type of advice:	<div>Tick which one applies</div> <div><input type="checkbox"/> PRE-LODGEMENT</div> <div><input type="checkbox"/> DEVELOPMENT APPLICATION</div> <div><input type="checkbox"/> AMENDED PLANS</div>

Please select which option applies

- ☐ Referral response will be provided
- ☐ No comments to provide, no objection to proposal
- ☐ Request SRC Group meeting to discuss an issue/s
- ☐ Additional information required