



15 Adam Street,  
P.O. Box 11, Nannup WA 6275  
Telephone: (08) 9756 1018  
Facsimile: (08) 9756 1275  
Email: nannup@nannup.wa.gov.au  
Web: www.nannup.wa.gov.au

## SCHEDULE 6 – APPLICATION FOR PLANNING APPROVAL

### OWNER DETAILS:

Name: .....

Address:.....  
.....

Post Code: ..... E-Mail: .....

Phone (work) ..... (home) ..... (Fax) .....

Contact Person for Correspondence.....  
.....  
.....

Signature..... Date: .....

Signature..... Date: .....

***The signature of the landowner(s) is required on all applications. This application will not proceed without that signature.***

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### APPLICANT DETAILS:

Name: .....

Address: .....  
Post Code .....

Phone: (work) ..... (home) ..... Fax .....  
E-Mail.....

Contact Person for correspondence: .....

Signature: ..... Date: .....

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**PROPERTY DETAILS:**

Lot No: ..... House/Street No: ..... Location No: .....

Diagram or Plan No: ..... Certificate of Title No: .....Folio: .....

Title Encumbrances (eg, easements, restrictive covenants): .....  
.....  
.....

Street Name: .....

Suburb: .....

Nearest Street Intersection: .....

Existing Building/Land Use: .....

Description of proposed development and/or use: .....

.....  
.....

Nature of any existing buildings and/or use: .....

.....

Approximate cost of proposed development: .....

Estimated time of completion: .....

*OFFICE USE ONLY*

Acceptance Officer's Initials: ..... Date Received: .....

Council Reference No: ..... Fee Paid: .....

Receipt: .....

Delegated Authority   
Council Decision Required

*(The content of the form of application must conform to Schedule 6 but minor variations may be permitted to the format).*