

Please print clearly in **BLOCK LETTERS** with a black pen.
 Ensure all fields have been filled out correctly.
 Please tick the appropriate boxes.
 Once your application is received a Council Officer will contact you if further information is required.

Application under Clause 5.10(3) of the Bega Valley Local Environmental Plan 2013 for an exemption to obtain development consent for minor works to a heritage item or a place within a conservation area.

Fees and Charges	
No fee is payable for this application	

Applicant Details						
Surname				First Name		
Mailing Address						
Suburb/Town				State		Postcode
Contact Details	Daytime Phone			Mobile		
	Email					
Applicant's Signature				Date		

Consent of All Owners - Essential						
Council will not accept the application if the consent of the owner(s) has not been provided.						
Surname				First Name		
Mailing Address						
Suburb/Town				State		Postcode
Contact Details	Daytime Phone			Mobile		
Owners Signature				Date		
Surname				First Name		
Mailing Address						
Suburb/Town				State		Postcode
Contact Details	Daytime Phone			Mobile		
Owners Signature				Date		


Property Address / Subject Land						
Address						
Suburb/Town				State		Postcode
Lot No.		Section No.		Deposited Plan/Strata Plan No.		



Type of Proposed Work (please tick)	
<input type="checkbox"/>	Access Ramp
<input type="checkbox"/>	Aerial, antennae or communication dish
<input type="checkbox"/>	Air conditioning unit
<input type="checkbox"/>	Awning, blind or canopy
<input type="checkbox"/>	Balcony, deck, patio, pergolas, terrace or verandah
<input type="checkbox"/>	Cabana, cubby house, fernery, garden shed, gazebo or greenhouse
<input type="checkbox"/>	Carport
<input type="checkbox"/>	Driveway or hard stand space
<input type="checkbox"/>	Earthworks, retaining wall or structural support
<input type="checkbox"/>	Evaporative cooling unit (roof mounted)
<input type="checkbox"/>	Fence
<input type="checkbox"/>	Minor building alterations (internal)
<input type="checkbox"/>	Minor building alterations (external)
<input type="checkbox"/>	Skylight, roof window or ventilator
<input type="checkbox"/>	Other (Describe proposed work in detail below)

Description of Proposed Work
Please attach dimensions, sketch, photo, brochure, etc. as appropriate.

OFFICE USE ONLY



Inspecting Officer		Signature/s	
Date	Approved (Y/N)	Date Response Issued	

TRIM Container: F...../.....