

Cloncurry Shire Council

FRM - WES7125-10

WITHDRAW A DEVELOPMENT APPLICATION FORM

Information Privacy Act 2009 Cloncurry Shire Council is collecting your personal information in accordance with the *Local Government Act 2009*. The information collected on this form will be accessed by authorised Council officers or any other relevant State Government departments for the purpose of approving this application and ensuring Council records are accurate. Your information will not be accessed by any other person or agency unless you have given us permission or we are required to do so by law.

Authorising Provisions:

Section 52 Planning Act 2016

Name				
ACN (if applicable)				
Postal Address				
Suburb		Po	ostcode	
Phone no. (day)		M	obile no.	
Reply by	Post □ Fax □ Collect □ Email:			
CECTION A CUED DETAIL				
SECTION 2: SITE DETAIL	LS (please print)			
Name of Business (if required))			
Street		Street no	Shop no	
Suburb		1	Postcode	
Real Property Description	Lot no:	Plan type	Plan no	
Real Property Description	Lot no:	Plan type	Plan no	
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Real Property Description SECTION 3: APPLICATION	Lot no:	Plan type	Plan no	
Real Property Description	Lot no: ON TO BE WITHDR	Plan type AWN AND REFUND OF	Plan no	
Real Property Description SECTION 3: APPLICATION Application Number:	Lot no: ON TO BE WITHDR	Plan type AWN AND REFUND OF	Plan no	
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I, as the applicant, requeundertaken by Council	est that the application detailed above be w	vithdrawn and	no further	assessment be		
☐ I request the refund of any application fee applicable to the application (note – In considering this request, Council may elect to refund only part or none of the fees depending on the level of assessment undertaken.						
SECTION 4: APPLICANTS SIGNATURE						
 ALL questions MUST be completed unless the form indicated otherwise This form must be submitted to Council accompanied by the applicable fee Attach extra pages if there is insufficient space on the form All terms used on the form have the meaning given in the Planning Act 2016 or the Planning Regulation 2017						
Applicant's full name						
Applicant's signature		Date	/	/		

SECTION 5: LODGEMENT

This Form may be lodged as follows:

By email: council@cloncurry.qld.gov.au – scanned copy with signatures only
By post: Mail to Cloncurry Shire Council, PO Box 3, CLONCURRY QLD 4824

By fax: (07) 47 421 712

Pay in person: At Cloncurry Shire Council Administration Centre,

38-46 Daintree Street, Cloncurry

Enquires phone: (07) 47 424 100

COUNCIL USE ONLY	
Name	Date received:
Signature	
Reference number	
Amount paid	
Receipt no	