## 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*

| **SECTION 1: APPLICANT DETAILS (please print)** | | | |
|---|---|---|---|
| **Name** | | | |
| **ACN (if applicable)** | | | |
| **Postal Address** | | | |
| **Suburb** | | **Postcode** | |
| **Phone no. (day)** | | **Mobile no.** | |
| **Reply by** | Post ☐ Fax ☐ Collect ☐ Email: | | |

| **SECTION 2: SITE DETAILS (please print)** | | | | | | |
|---|---|---|---|---|---|---|
| **Name of Business** (if required) | | | | | | |
| **Street** | | | **Street no** | | **Shop no** | |
| **Suburb** | | | | | **Postcode** | |
| **Real Property Description** | **Lot no:** | | **Plan type** | | **Plan no** | |
| **Real Property Description** | **Lot no:** | | **Plan type** | | **Plan no** | |
| **Real Property Description** | **Lot no:** | | **Plan type** | | **Plan no** | |

**SECTION 3: APPLICATION TO BE WITHDRAWN AND REFUND OF FEES (please print)**

Application Number: _____

Reason for Withdrawal *(provide details of the reasons for the request)*

☐ I, as the applicant, request that the application detailed above be withdrawn and no further assessment be undertaken by Council

☐ 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** | | |