|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| north-cmyk | | | | *Mailing Address:*  *Street Address:*  *Telephone:*  *Facsimile:*  *Email:*  *Web:*  *ABN:* | | | | | *PO Box 390, Gayndah Qld 4625*  *34-36 Capper Street, Gayndah Qld 4625*  *1300 696 272*  *(07) 4161 1425*  *admin@northburnett.qld.gov.au*  *northburnett.qld.gov.au*  *23 439 388 197* | | | | | | |
| *Doc Id:* 677213  Request for Concurrence Agency Assessment  Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter “n/a” if the question does not apply. | | | | | | | | | | | | | | | |
| Type of Assessment Required  (tick applicable boxes - the more information provided will assist with assessment) | | Concurrence Agency Referral prior to Building Application (s27, PA 2016)  Concurrence Referral (s55, PA 2016)  Design & Siting (QDC)  Building over or near relevant infrastructure.  Planning Scheme – Alternate Siting provisions  Other  Supporting documentation must be provided i.e site plan, foundation plan, elevations floor plans. Where additional information is required a request will be made to the applicant. | | | | | | | | | | | | | |
|  | | Applicant details: | | | | | | | | | | | | | |
| Select as applicable. | | Business | Private | | | | | | | | | | | | |
| Applicants Name | | | | | | | | | | | | | |
| Contact Person | | | | | | | | Your Ref | | | | | |
| Postal address | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Locality / Town | | | | | | State | | | | | | | Postcode |
| Contact phone | | | | | | | |  | | | | | |
| Contact fax | | | | | | | | Email | | |  | | |
| APPLICANT’S SIGNATURE Date | | | | | | | | | | | | | |
|  | | Property details: | | | | | | | | | | | | | |
| Address | | Street No | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | |
| Locality / Town | | | | | State | | | | | | | Postcode | |
| Real property description | | Lot no. | | Registered plan | | | | | | | Parish | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | Description of property: *(eg. Dwelling, vacant, industrial, etc)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | **Property details:** | | | | | | | | | | | | | |
| Has the building application been lodged?  No  Yes – Date of lodgement | | | | | | | | | | | | | |
| Building Certifier: | | | | | | | Engagement Date: | | | | | | |
| Postal Address: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Phone: | | | | | | | | Email: | | | | | |
|  | |  | | | | | | | |  | | | | | |
|  | | Office use only | | | | | | | | | | | | | |
| Total | | | | Receipt No | | | | | | Date / / | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proposal Details  (tick applicable boxes) | Description of Proposed Building Works: | | | | | |
| New Dwelling | Dwelling Alteration | | Carport/Shed | | Commercial |
| Relocated building  Other: | | | | | |
| Reason for Application: | | | | | |
| Front Boundary Setback | | Rear Boundary Setback | | Side Boundary Setback | |
| Clearance from sewer  Other: | | | | | |
| Proposal Details  (tick applicable boxes) | Information to be submitted with application: | | | | | |
| Site Plan (inc. existing buildings on-site, distances to all boundaries for all structures). | | | | | |
| Building Plans (e.g. proposed floor plans, existing floor plans, elevations). | | | | | |
| Additional details of relaxation/justification to further support your request. | | | | | |
| Details of setbacks of buildings on adjoining properties (for request to relax setback to the street only). | | | | | |
| Details of height of buildings on adjoining properties (for request to relax setback to the street only). | | | | | |
| Copy of building application (including forms) lodged with certifier (only if a building application has already been lodged with a Private Certifier). | | | | | |
| Copy of acknowledgement notice issued by the building certifier (only if a building application has already been lodged with a Private Certifier). | | | | | |
| Additional information as required by the assessing officer | | | | | |
|  | | | | | |
| **Written comments to support the request – consideration to requirements set out in North Burnett Regional Planning Scheme** | Justification: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Section 2  *Only if required by the Assessing Officer*  Adjoining Land Owner’s Consent | **Where the application to Council is for a performance decision in relation to siting within the Town Zone – Residential Precinct; Village Zone: Rural Residential Zone as a courtesy, it is requested that the proposal be shown to the owners of adjoining land. This provides them with the opportunity to submit their view of the proposal to Council.**  **The following forms may be used for this purpose, and attached at the time of lodging the application.**  **1.**  ***Adjoining / Adjacent / Opposite Property Owner/s Comment regarding the Proposal***  ❑I/We agree with the attached proposal for (Address); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  ❑I/We object to the proposal.  Reason for Objection:        Title: **(Mr./Mrs./Ms/Miss)** Surname: Given name:  Your Property Address:  Postal address:  Phone: (H): (W): (M):  Signature/s: Date:\_\_\_\_/\_\_\_\_/\_\_\_\_    **2.**  ***Adjoining / Adjacent / Opposite Property Owner/s Comment regarding the Proposal***  ❑I/We agree with the attached proposal for (Address); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  ❑I/We object to the proposal.  Reason for Objection:        Title: **(Mr./Mrs./Ms/Miss)** Surname: Given name:  Your Property Address:  Postal address:  Phone: (H): (W): (M):  Signature/s: Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | | | |