Demolition only DA - lodgement Checklist



Document Number: 18/125643 / TRIM F18/596

[Must be lodged in conjunction with a Development Application Form]

| Property Details | | | | | | | |
|-------------------------|--|------------|--|--------|----------|--|--|
| Unit/Shop/ Suite No. | | Street No. | | Street | | | |
| Suburb | | | | | Postcode | | |

In addition to the Dovelopment Application form you must complete this checklist:

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|--|-----|-----|---------------|--|--|--|--|
| General requirements | Yes | N/A | Office Use | | | | |
| The consent of ALL owners of the land must be provided. | | | | | | | |
| If the proposal impacts a party wall, the consent of adjacent owners must be provided (Party Wall Consent form must be completed). | | | | | | | |
| The estimated cost of works must be written on the application form. | | | | | | | |
| All plans and documents must be provided on a USB or CD in accordance with Council's File Naming Convention. | | | | | | | |
| Site Plan | | | | | | | |
| All plans must include a Title Block, scale (1:100 or 1: 200), North point and Architects Name and Qualifications. | | | | | | | |
| Street name and number must clearly be shown. | | | | | | | |
| Site dimensions, area and any RLs related to AHD must clearly be shown. | | | | | | | |
| Calculations of all existing and proposed floor areas must clearly be shown. | | | | | | | |
| Boundary setbacks to existing and proposed buildings/structures must clearly be shown. | | | | | | | |
| All structures and existing use of buildings and structures on the site must clearly be shown. | | | | | | | |
| All structures to be demolished must be clearly shown. | | | | | | | |
| Location of adjacent building/properties including windows and doors must clearly be shown. | | | | | | | |
| Any trees on the property, on Council land adjacent to the property (ie nature strips) or within 5 metres of the proposed development on any adjoining property must clearly be shown. Plans must clearly identify trees being retained/removed. | | | | | | | |
| Plans and Documents | | | | | | | |
| FORMER CITY OF BOTANY BAY: A Demolition Traffic Management Plan is required for all sites with an area in excess of 1,000m2; and | _ | _ | 0 | | | | |
| FORMER CITY OF BOTANY BAY: A 'Hazardous Materials Survey' prepared by a qualified environmental consultant is required for all sites with an area in excess of 1,000m2, or for other sites which are known to contain hazardous materials. | | 0 | | | | | |
| If the property is identified as being contaminated or potentially contaminated and demolition involves excavation, a Soil Contamination report must be submitted. | _ | | | | | | |

Privacy Statement

The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Protection Act 1998 and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website.

Rockdale Customer Service Centre 444-446 Princes Highway Rockdale NSW 2216, Australia ABN 80 690 785 443

Eastgardens Customer Service Centre Westfield Eastgardens 152 Bunnerong Road Eastgardens NSW 2036, Australia ABN 80 690 785 443

T 1300 581 299 | 02 9562 1666 E council@bayside.nsw.gov.au W www.bayside.nsw.gov.au Postal address: PO Box 21, Rockdale NSW 2216



| Plans and Documents (cont.) | | | | | | | Yes | N/A | Office Use | | |
|--|---|-------------------------------|--|------|---------|--|--------|--------------|---------------|---|--|
| A Soil and Water Management Plan must be provided. | | | | | | | | | 0 | | |
| A Waste Management Plan must be provided. | | | | | | | | | | | |
| If the property is an identified heritage item or located within a Heritage Conservation Area as listed on the State register or Schedule 5 of the relevant Council LEP, and the works are other than minor works, a Heritage impact assessment prepared by a suitably qualified heritage consultant must be provided. | | | | | | | | | | | |
| Statement of Envir | ronmental l | Effect (SEE) | | | | | | | | | |
| A clear and detailed description of the proposal must be provided. | | | | | | | | | | | |
| A statement of compliance or variance with the relevant EPI's, Regulations, Council LEP and/or DCP including reasons for any variance must be provided. | | | | | | | | | | | |
| A clear and detailed description of the potential impacts of the proposal, and proposed mitigation measures must be provided. | | | | | | | | | | | |
| Details of the following must (as relevant) be included: | | | | | | | | | | | |
| detail of age and condition of the structures to be demolished; | | | | | | | | | | | |
| for works involving removal of vegetation (a tree or other vegetation, whether or not it is native vegetation), indicate how much vegetation (metres square) is being removed, and what type of vegetation is being removed; | | | | | | | | | _ | | |
| for works in the vicinity of a heritage item or within a Heritage Conservation Area, address the effect of the proposed works upon the significance of the heritage item / area in accordance with the relevant Clauses of the respective LEPs. | | | | | | | | | О | _ | |
| Office Hee Only Boundamment Advisory Coming | | | | | | | | | | | |
| Office Use Only – Development Advisory Services Description of proposal | | | | | | | | | | | |
| Bescription of propos | Jui | | | | | | | | | | |
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| | | | | | | | | | | | |
| Annual City of Dates Day | | | | | | | or Cit | v of D | a alcidal | | |
| Area of works: Estimated cost of works | Former City of Botany Bay Former Ci \$ | | | | iei Cit | y OI T | ockuai | - | | | |
| Number of footpaths: | | 1 | | | 2 | | | | 3 | | |
| Tree inspection fee: | | Yes | | | | | | | No | | |
| Notification fee: | Yes – if heritage item (NF2) | | | | No | | | | | | |
| Newspaper advertise | Yes – if heritage item (AF5) | | | | No | | | | | | |
| Consent Authority | | Council SCPP (over \$30 cost) | | | M S | SCPP (over \$5M cost if Council Crown or Community | | | uncil, | | |
| Checked by | | | | Date | ite// | | | | | | |
| Office was sale. Overhouse Compiles | | | | | | | | | | | |
| Office use only – Customer Service | | | | | | | | | | | |
| Receipt No: Total Fees received: | Date: / | | | | | - | | | | | |
| TOTAL FEES TECEIVED: | | \$ | | | | | | | | | |