

# Lodgement of Amended Plans and/or Additional Information

Document Number: 18/162367 / CM F18/596

## About this form:

This form shall be used for lodgement of amended plans, including the following:

- lodgement of amended plans initiated by applicant (NOT in response to Council request for additional information - fee required); or
- if substantial changes required by Council planner result in the requirement for re-notification and/or re-advertising (fee required for re-notification or re-advertising); or
- if minor changes required by Council planner where no further re-notification or advertising required (no fee required).

DA Number \_\_\_\_\_

Applicant Details					
Ms/Mr/Mrs/ Other		Family Name.		Given Name(s)	
Company Name (if applicable)					
ABN/CAN (if applicable)					
Unit No.		Street No.		Street	
Suburb				Postcode	
Mailing Address (if different)					
Daytime Telephone No. (Home/Work)			Mobile No.		
Email Address					

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

Amendment details:
Briefly describe the amendments you are making / additional information provided.

Applicant's Signature	
Applicant's Signature	Date ___ / ___ / _____

**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.

### Postal address

PO Box 21, Rockdale NSW 2216  
ABN 80 690 785 443

### Bayside Customer Service Centres

Rockdale Library, 444-446 Princes Highway, Rockdale  
Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

E [council@bayside.nsw.gov.au](mailto:council@bayside.nsw.gov.au)

W [www.bayside.nsw.gov.au](http://www.bayside.nsw.gov.au)  
T **1300 581 299** | **02 9562 1666**

Telephone Interpreter Services: 131 450

Τηλεφωνικές Υπηρεσίες Διερμηνέων

بخدمة الترجمة الهاتفية

電話傳譯服務處

Служба за преведување по телефон

Checklist for amended plans and/or additional information		Yes	N/A	Office Use
1.	A covering letter must be provided outlining the changes to the plans or purpose of additional information submitted.	<input type="checkbox"/>		<input type="checkbox"/>
2.	For amended plans: - All changes must be indicated in colour or clouded on the plans. - All amended plans must be lodged in accordance with the related requirements of the DA Lodgement Checklist. - The plans must show revision numbers and amended dates.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	For additional information: - All reports and documents with additional information must have updated sections clearly identified / highlighted. - All additional documents must be lodged in accordance with the related requirements of the DA Lodgement Checklist.	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
4.	All plans and documents must be provided on a USB or CD in accordance with Council's File Naming Convention.	<input type="checkbox"/>		<input type="checkbox"/>

Office use only – Development Advisory Service				
Area of Development:		Former City of Botany Bay		Former City of Rockdale
Description of Development:				
Is a plan amendment fee required (if applicant initiated change):		Yes		No
If yes, state original DA fee:		\$		
Is re-notification required:		Yes		No
Single dwelling / dual occupancy (NF1)	Alts & Adds, demo, or CoU of heritage (NF2)	Townhouse / villa (NF3)	Up to 3 storey RFB (NF4)	Highrise RFB (NF5)
Other major (NF6) – <i>Rockdale only</i>	CoU commercial in residential zone (NF7)	Commercial/Industrial alts & adds (NF8)	Restricted premises & Signage only (NF9) – <i>Rockdale only</i>	Signage only (NF11) <i>Botany only</i>
Is newspaper advertisement required:		Yes: (AF5 for standard development) (AF2 for designated development) (AF3 for advertised development) (AF4 for prohibited development)		No
Checked by		Date		___ / ___ / _____

Office use only – Customer Service			
<input checked="" type="checkbox"/>	DA description checked and Pathway description updated.		
Receipt No:	Date:		___ / ___ / _____
Total Fees received:	\$		