

Pre-Development Application Advice

Document Number: 18/125629 / CM F18/596



About this Form:

- This form shall be used if you are seeking formal, preliminary advice from a Council planning representative regarding concept plans or a development proposal.
- An application fee must accompany your application.
- An incomplete application may result in deferral or rejection of your application.

PDA Number _____

Applicant Details						
Ms/Mr/Mrs/ Other		Family Name.		Given Name(s)		
Unit No.		Street No.		Street		
Suburb				Postcode		
Company Name (if applicable)						
Mailing Address (if different)						
Daytime Telephone No. (Home/Work)			Mobile No.			
Email Address						
Connection with this property – owner, builder, developer etc - Please specify						
Have you advised the owners of the property (if not the applicants) of the lodgement of this application? [NOTE that owners consent will be required for any development application.]				Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Property Details						
Lot No(s)		Section		DP/SP Number		
Unit No.		Street No.		Street		
Suburb				Postcode		
Estimated cost of works:		\$				
Description of Work to be carried out:						
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

W www.bayside.nsw.gov.au

T 1300 581 299 | 02 9562 1666

Telephone Interpreter Services: 131 450

Τηλεφωνικές Υπηρεσίες Διερμηνέων

بخدمه الترجمة الهاتفية

電話傳譯服務處

Служба за преведување по телефон

Have you previously had a formal Pre-Development Application meeting with Council?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes, when and with whom and what was primarily discussed?			
Which Specialists will be attending the meeting with you and what are their areas of expertise? (e.g. Stormwater Engineer, Traffic Engineer, Town Planning Consultant, Heritage Consultant?)			

Pre-Development Application Lodgement Checklist		Yes	N/A	Office Use
Ensure the following (as relevant requirements) are submitted on a CD/USB in accordance with Council's Electronic Lodgement Guidelines.				
1.	A description of the proposed development providing a breakdown of the components of the proposal.	<input type="checkbox"/>		<input type="checkbox"/>
2.	Details of what you are seeking to discuss at the Pre DA meeting and what matters/areas you are wishing to obtain feedback on with regard to the proposal – provide a list of the issues or non-compliance etc.	<input type="checkbox"/>		<input type="checkbox"/>
3.	A calculations table showing compliance or otherwise with the LEP & DCP.	<input type="checkbox"/>		<input type="checkbox"/>
4.	Survey plan including RL's and location of trees and any easements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Site plan for the proposal, including the adjacent building/properties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Basic scaled floor plans of the proposal to enable a preliminary assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Basic scaled elevations with some RL's and relationship to neighbouring development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only – Development Advisory Service			
Description of proposed Development:			
Area of development:	Former City of Botany Bay	Former City of Rockdale	
Estimated cost of development:	\$		
Is there an Application or Engineering consultancy fee:	Yes (TA01): No. of hours _____	No	
Checked by:		Date:	___ / ___ / ____

Office Use Only – Customer Service			
Receipt No:		Date:	___ / ___ / ____
Total Fees received:	\$		