

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

W 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 development (NF6)	CoU (including hours) commercial in residential zone (NF7)	Commercial / Industrial / Retail alts & adds (NF8)	Restricted premises (NF9)	Signage only (NF11)
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:	\$		