

Request for Referral Agency Response

(Class 1a or Class 10 building or structure)

1. Applicant Details										
Applicant										
Postal ad	dress						Post	code		
Phone		E	Email							
2. Asses	sment Manager									
3 Proper	rty Details									
3. Property Details Address Postcode										
Lot	Plan No.		Property No.		Zone:		1 000	0000		
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4. Existin	ng Approvals									
Do any ex	xisting approvals and	or Plans of	Development app	ly to the site	?¹ (please ti	ck √)		No		Yes
If yes, ap	plication number:									
1NOTE: The referral provisions of Schedule 6, Part 2, Item 2 cannot be used to resolve inconsistencies between a building application and a higher order approval, including Plans of Development (for example, differences in building setbacks, site coverage). If the proposed detached house does not comply with a higher order approval and/or Plan of Development, then Council may direct refusal of the application unless: (i) the plans for the detached house are amended to comply with the higher order approval and/or Plan of Development; or (ii) Council approves a change to the higher order approval and/or Plan of Development that reflects the proposed detached house.										
5. Description of proposal										
Is this a C	Change to an existing	Referral Ag	gency Response?	(please tick •	()			No		Yes
6. Reason for referral (please ✓ all applicable boxes)										
The development would have required a development permit for a material change of use (code or impact assessable) if Schedule 6, Part 2, of the <i>Planning Regulation 2017</i> did not apply for the use.										
Probable (e.g. S1.1	solution I)	Element (e.g. anne	xed unit, filling/ex	ccavation)		xtent of orief des			ance	
7 Posso	ns for and justificati	ion of this	roquest (i.e. how	the propes	al complia	e with th	no end	ocific o	utcom	(20
7. IXEasu	ns for and justificati	on or tills	request (i.e. now	the propose	ar compile.	5 WILII LI	ie spe	JOING O	atcom	<i>cs)</i>

PrivacyCouncil w

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with council's privacy policy.

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8. Attached Doc	umentation*					
Plan/Drawing/Re	eport Number Titl	е			D	ate
*Please enclose do	cumentation with requ	uest. Three (3) copie	s of plans and any ot	her material relied on	in support of	the submission.
OFFICE USE ON	LY					
Application no.	Amount paid	Date paid	Receipt no.	Initial	Date stamp	
Completed by:			Date:			

Payment options					
In Person	9 Pelican Street, Tewantin: 8.30 am to 4.30 pm Monday to Friday (excludes public holidays).				
By Link	A payment link will be forward to you once your application has been lodged.				
By mail	Cheque or money order to be made payable to Noosa Council.				
	☐ Cheque	☐ Money order			