

Address correspondence to The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia Bridge Rd, Nowra NSW 2541 02 4429 3111 |

Email to PlanningCertificates@shoalhaven.nsw.gov.au

## **DEPS Owners Consent**

**City Futures** 

1. Applicant Details										
□ Mr □ N	1rs □ M	Is □ Other	Click or tap he	here to enter text.						
First Name: Click or tap here to ent			o enter text.	Last N	Last Name:		Click or tap here to enter text.			
Business or Company Name (if applica				Click o	r tap here	to ent	ter text.			
Email:	Click or	lick or tap here to enter text.								
Mobile:	Click o	r tap here to ext.	Home:	Click or tap here to enter text.		re to	Business:	Click or tap here to enter text.		
2. Applicant Details										
Unit / Street No: Click or tap her text.		nere to enter	Street N	Street Name: Click		or tap here to enter text.				
Suburb / Town / Village / Locality:				Click or tap here to enter text.						
State:	Click or	Click or tap here to enter te		Postco	de:	Click	or tap here to enter text.			
Lot:	Lot: Click or tap here to enter te		er text.	DP:		Click	or tap here to	e to enter text.		
3. ALL Registered Owner's Details and Consent.										
As the owner(s) of the above property, I/we consent to the lodgement of a Dwelling Entitlement Potential Search application.  Note: All registered owners of the subject land must give consent and sign. It is the applicant's responsibility to clearly demonstrate that all owners have consented. There are different types of property ownership and requirements for each. Read details on <a href="Council's Dwelling Entitlement Potential Search">Council's Dwelling Entitlement Potential Search</a> carefully to ensure that all relevant owner's consent has been provided.										
Owner First Name: Click or tap here			here to enter t	o enter text. Last Name:		me:	Click or tap here to enter text.			
Owner Signature:							Date	Click or tap here to enter text.		
Company Name (if applicable):				lick or tap here to enter text.						
Position (if owner is a company):			: Click or t	lick or tap here to enter text.						
4. If there is MORE than ONE owner, please add additional owner(s) details and signature (over page):										
Owner First Name: Click or tap here to e			here to enter t	er text. Last Name:			Click or tap here to enter text.			
Owner Signature:							Date	Click or tap here to enter text.		
Company Name (if applicable):				Click or tap here to enter text.						
Position (if owner is a company):			: Click or t	Click or tap here to enter text.						

Owner First Name:	Click or tap here to enter text.		Last Name:	Click or tap here to enter text.				
Owner Signature:				Date	Click or tap here to enter text.			
Owner First Name: Click or tap		ere to enter text. Last Name:		Click or tap here to enter text.				
Owner Signature:				Date	Click or tap here to enter text.			
Owner First Name:	Click or tap here to enter text. Last Nan			Click or tap here to enter text.				
Owner Signature:				Date	Click or tap here to enter text.			
				I				
Owner First Name:	Click or tap her	re to enter text. Last Name:		Click or tap here to enter text.				
Owner Signature:				Date	Click or tap here to enter text.			
Office use only								
Form No: 3618		Owned by: City Future	s					
Issue Date: 14/12/2023		Review Date: 14/12/20	)24					
Important Information								
Privacy & Public Access to Information								
Information supplied on this form will be managed in accordance with <u>Council's Privacy Management Plan</u> , <u>Public Access to Council Information Policy</u> and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the <u>Government Information</u> ( <u>Public Access</u> ) Act 2009 (GIPA Act). Further information on privacy and public access to information can be found on Council's website: <a href="https://shoalhaven.nsw.gov.au/My-Council/About-Council/Privacy-and-personal-access">https://shoalhaven.nsw.gov.au/My-Council/Privacy-and-personal-access</a>								

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