

Part 3: Signature

Signature

Date

3. APPLICANT(S) SIGNATURE

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

Contact Us					Office Use Only											
The General Manager, 725 Pittwater Road, Dee Why NSW 2099 or Customer Service Centre, Northern Beaches Council DX9118 Dee Why																
Email	Email council@warringah.nsw.gov.au															
Fax	9942 2606															
If you need help lodging your application call Customer Service on (02) 9942 2111 or come in and talk to us at the Civic Centre, Dee Why.																
Part 1: Decla	ration															
1. DECLARATION																
I hereby certify	that the shadow diagram	ns submitted with	the proposal	at												
Address																
For the erection of Description of development																
	ce with the survey (prepar	red by a registere	d surveyor) w	hich is requi	red to be	e submi	tted wi	th the a	applica	tion						
	 Drawn to true north Indicate shadow cast by the proposal at 9am, noon, 3pm, 21 June 															
 To indicate the shadow cast by existing buildings and structures on the site and in the surrounding area 																
Part 2: Certifi	ication															
2. CERTIFIEF	₹															
Title		Mr	Mrs	Ms	Oth	er										
Full family nar	ne (no initials) (or Company)															
Full given nam	nes (no initials) (or A.C.N)															
Phone					Alterna	ate										
Mobile	Mobile				Fax											
Qualification (i.e. Architect, Planner, Computer Technician, Surveyor)																





