

Certification of Shadow Diagrams

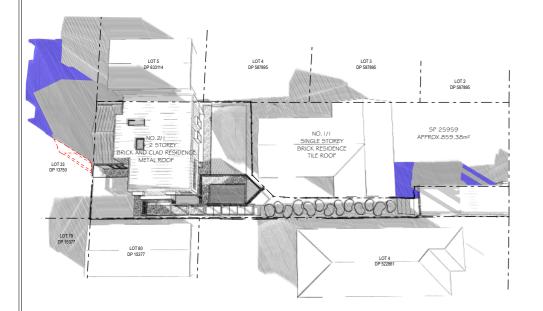
Date: 18-02-2025

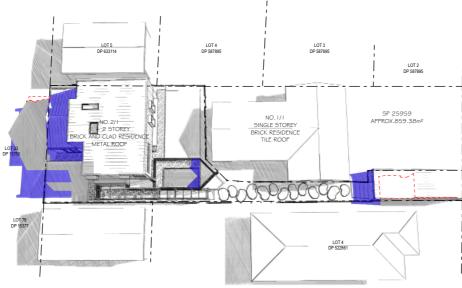
Part 1: Declaration				
I hereby Certify that the shadow diagrams submitted with this proposal at:				
Address:	2/1 Lister Avenue Seaforth 2092			
For the erection of:	Alterations and additions to a single dwelling to include a first floor addition and			
	proposed plungie pool.			
• In accordance with the survey (prepared by a registered surveyor) which is required to be submitted				
with the application				
Drawn to true north.				
 Indicate shadow cast by the proposal at 9am, noon, 3pm, 2st1 June 				
 To indicate the shadow cast by existing buildings and structures on the site and in the surrounding 				
area				

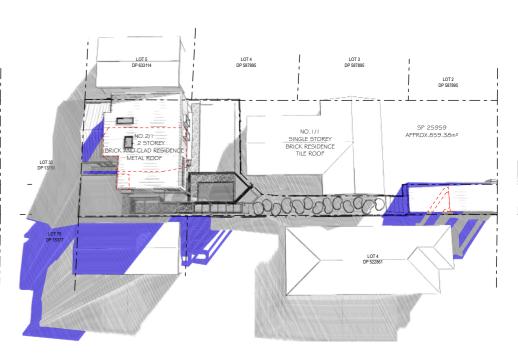
Part 2: Certification		
Title:	Mrs	
Full family name:	Rosnell	
Full given name:	Arianna	
Mobile:	0400 598 382	
Qualification:	Building Designer- Diploma of Building Design	

Part 2: Signature	1 0
Signature:	
Date:	18/02/2025









21nd JUNE-9am SHADOW DIAGRAMS

21nd JUNE-12pm SHADOW DIAGRAMS

21nd JUNE-3pm SHADOW DIAGRAMS



Mobile: 0400 598 382 Email: hello@rrbuildingdesign.com.au ABN:30 894 082 124

DEVELOPMENT APPLICATION ONLY

NOT FOR CONSTRUCTION

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roject North:		DRAWING TITLE :
	Z	SHADOW DIAGRAMS
		PROJECT NAME :
rawn Checked	Arianna Rosnell	0/4 LIOTED AVE
lot Date:	16/2/2025	2/1 LISTER AVE
roject NO.	241230/DA	
roject Status	Design Development	
lient MR + MRS VESCIO		DRAWING NO.
ite: 2	2/1 LISTER AVENUE SEAFORTH NSW 2092 AUSTRALIA	DA 16
	SP 36205	Plot Date: 16/2/2025