

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

| Contact Us | | | Offic | e Use | Only | | | | | |
|--|------------------------------|--|-------|-------|------|--|--|--|--|--|
| The General Manager, 725 Pittwater Road, Dee Why NSW 2099 or Customer Service Centre, Northern Beaches Council DX9118 Dee Why | | | | | | | | | | |
| 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: Declaration

| 1. DECLARATION | | | | |
|--|--|--|--|--|
| I hereby certify that the shadow diagram | ns submitted with the proposal at | | | |
| Address | | | | |
| Address | | | | |
| | | | | |
| For the erection of | | | | |
| Description of development | | | | |
| | | | | |
| • In accordance with the survey (prepa | red 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, 21 June | | | |

• To indicate the shadow cast by existing buildings and structures on the site and in the surrounding area

Part 2: Certification

| 2. CERTIFIER | | | | | | | |
|---|----|-----|----|-----------|--|--|--|
| Title | Mr | Mrs | Ms | Other | | | |
| Full family name (no initials) (or Company) | | | | | | | |
| Full given names (no initials) (or A.C.N) | | | | | | | |
| Phone | | | | Alternate | | | |
| Mobile | | | | Fax | | | |
| Qualification (i.e. Architect, Planner, Computer Technician, Surveyor) | | | | | | | |

Part 3: Signature

| 3. APPLICANT(S) SIGNATURE | | | | | |
|---------------------------|------|--|--|--|--|
| Signature | Rene | | | | |
| Date | | | | | |