NORTHERN BEACHES COUNCIL

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

Contact Us The General Manager, 725 Pittwater Road Customer Service Centre, Northern Beach		
Customer Service Centre, Northern Beach		Office Use Only
Email council@warringah.nsw.	gov.au	
Fax 9942 2606		
If you need help lodging your application (02) 9942 2111 or come in and talk to us a		
Part 1: Declaration		
1. DECLARATION		
I hereby certify that the shadow diagrams	s submitted with the proposal at	
Address	35 Kanimbla Crescent Bilgo	la Plateau, 2107
Address		
For the erection of Description of development		n existing 2 level dwelling, demolition of an the existing metal roof ry, carport, terrace and accomodation level.
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Drawn to true northIndicate shadow cast by the proposal a		
To indicate the shadow cast by existing Part 2: Certification	5 outlant Bo and Structures on the Site an	d in the surrounding area
	s outdings and structures on the site an	d in the surrounding area
Part 2: Certification	Mr	Other
Part 2: Certification 2. CERTIFIER		
Part 2: Certification 2. CERTIFIER Title	Mr Mrs Ms	
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company)	Mr Mrs Ms Dunsford	
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company) Full given names (no initials) (or A.C.N)	Mr Mrs Ms Dunsford Thomas	Other
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company) Full given names (no initials) (or AC.N) Phone	Mr Mrs Ms Dunsford Thomas	Other Alternate
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company) Full given names (no initials) (or A.C.N) Phone Mobile Qualification (i.e. Architect, Planner, Computer)	Mr Mrs Ms Dunsford Thomas 02 9904 2515	Other Alternate
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company) Full given names (no initials) (or ACN) Phone Mobile Qualification (i.e. Architect, Planner, Computer Technician, Surveyor)	Mr Mrs Ms Dunsford Thomas 02 9904 2515	Other Alternate
Part 2: Certification 2. CERTIFIER Title Full family name (no initials) (or Company) Full given names (no initials) (or A.C.N) Phone Mobile Qualification (i.e. Architect, Planner, Computer Technician, Surveyor) Part 3: Signature	Mr Mrs Ms Dunsford Thomas 02 9904 2515	Other Alternate
I hereby certify that the shadow diagrams Address For the erection of Description of development • In accordance with the survey (prepare)	35 Kanimbla Crescent Bilgo Alterations and additions to a and construction of a new ent	n existing 2 level dwelling, demolition of an the existing metal roo