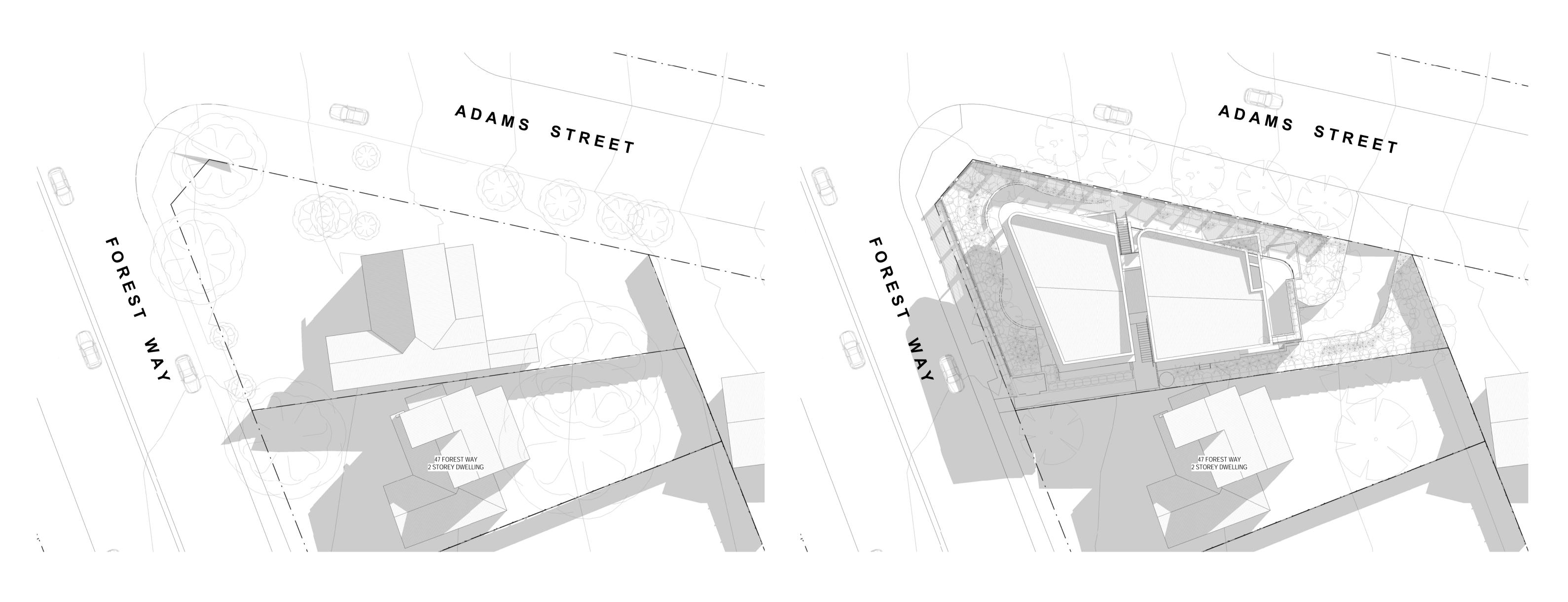
NORTHERN BEACHES COUNCIL

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

| C 1 | | | | |
|--|---|--|--|--|
| 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 | council@warringah.nsv | v.gov.au | | |
| Fax | 9942 2606 | | | |
| | | n call Customer Service on at the Civic Centre, Dee Why. | | |
| Part 1: Decla | ration | | | |
| 1. DECLARAT | TION | | | |
| I hereby certify | that the shadow diagran | ns submitted with the proposal at | | |
| | | 49 Forest Way, Frenchs Forest | | |
| Address | | | | |
| For the erection of Description of development | | 4 x Seniors Dwellings | | |
| | | | | |
| | | | | |
| | | | | |
| Drawn to truIndicate sha | ue north Idow cast by the proposa | red by a registered surveyor) which is requ l at 9am, noon, 3pm, 21 June ng buildings and structures on the site and | uired to be submitted with the application | |
| | | <u> </u> | | |
| Part 2: Certifi | cation | | | |
| Part 2: Certifi 2. CERTIFIER | | | | |
| | | X Mr Mrs Ms | Other | |
| 2. CERTIFIER | | | | |
| 2. CERTIFIER Title Full family nan | R | X Mr Mrs Ms | | |
| 2. CERTIFIER Title Full family nan | Re (no initials) (or Company) | X Mr Mrs Ms Walsh | | |
| 2. CERTIFIER Title Full family nam Full given nam | Re (no initials) (or Company) | X Mr Mrs Ms Walsh Scott | Other | |
| 2. CERTIFIER Title Full family nam Full given nam Phone Mobile | es (no initials) (or Company) es (no initials) (or A.C.N) | X Mr | Other Alternate | |
| 2. CERTIFIER Title Full family nam Full given nam Phone Mobile Qualification (| es (no initials) (or Company) es (no initials) (or A.C.N) (i.e. Architect, Planner, Computer r) | Mrs Ms Ms Ms Walsh Scott 0466 049 880 0466 049 880 | Other Alternate | |
| 2. CERTIFIER Title Full family nam Full given nam Phone Mobile Qualification (Technician, Surveyor) Part 3: Signa | es (no initials) (or Company) es (no initials) (or A.C.N) (i.e. Architect, Planner, Computer r) | Mrs Ms Ms Ms Walsh Scott 0466 049 880 0466 049 880 | Other Alternate | |
| 2. CERTIFIER Title Full family nam Full given nam Phone Mobile Qualification (Technician, Surveyor) Part 3: Signa | es (no initials) (or Company) es (no initials) (or A.C.N) fi.e. Architect, Planner, Computer r) | Mrs Ms Ms Ms Walsh Scott 0466 049 880 0466 049 880 | Other Alternate | |





Walsh²
Act 2624 NSW 10366
Architects scott@walsharchitects.com.au 0466 049 880

Scale 1 : 200 @ A1

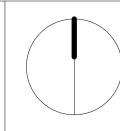
Sheet Name SHADOW DIAGRAMS - 9AM JUNE 21ST This drawing is copyright and remains the property of Walsh² Architects.

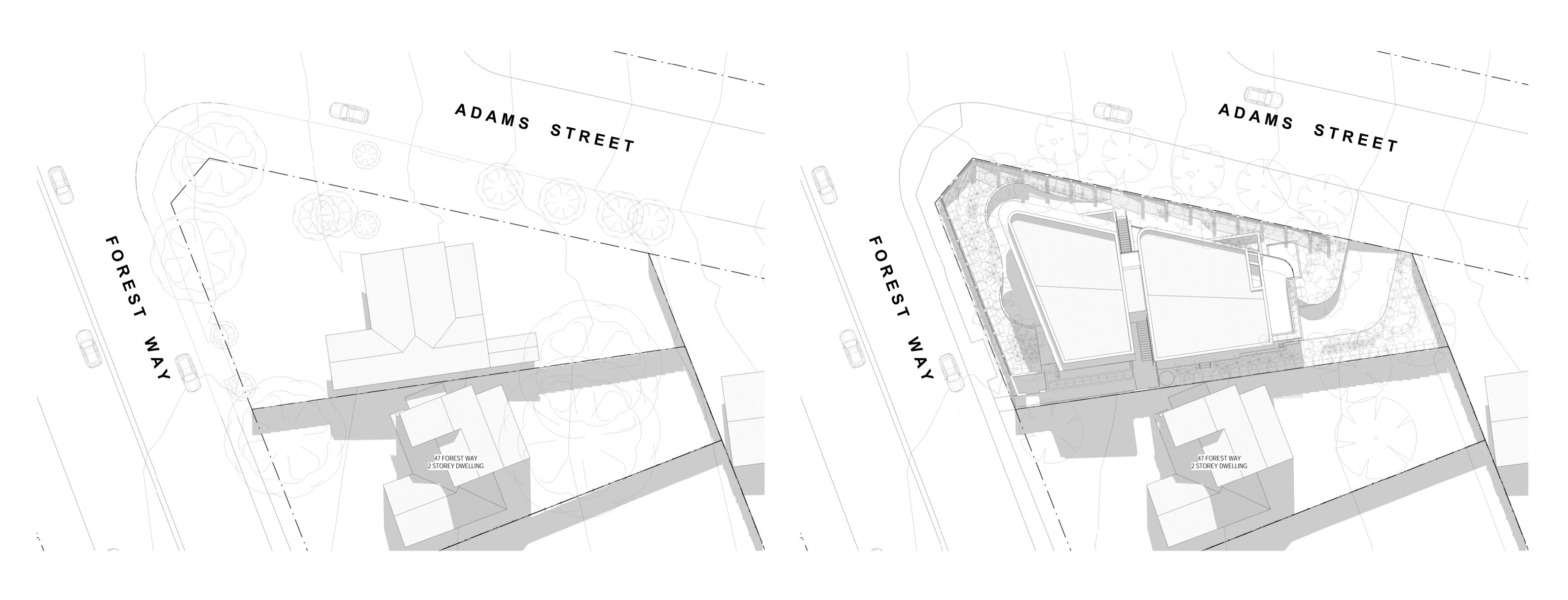
This drawing is for development application purposes only and not for tender or construction.

Number DA500

Description ISSUE FOR DA APPROVAL

27.03.20





Project: SENIORS HOUSING 49 FOREST WAY, FRENCHS FOREST Client: SEYED JALALEDIN ZIAOLHAGH

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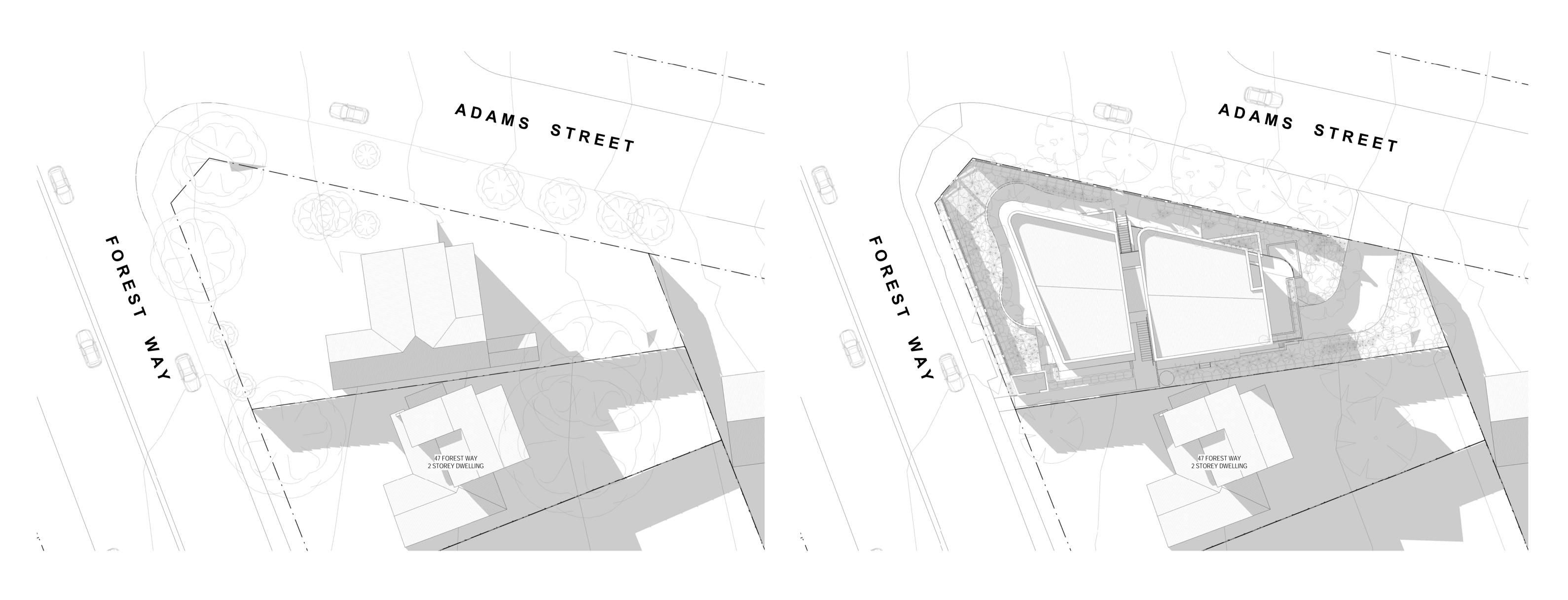
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Number

DA503

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27.03.20

