

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

| Contact Us | | Offic | e Use | Only | | | | | |
|------------|--|-------|-------|------|--|--|--|--|--|
| | anager, 725 Pittwater Road, Dee Why NSW 2099 or ice Centre, Northern Beaches Council DX9118 Dee Why | | | | | | | | |
| Email | council@warringah.nsw.gov.au | | | | | | | | |
| Fax | 9942 2606 | | | | | | | | |
| | p lodging your application call Customer Service on 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 | | | | | | | | | |
| | | | | | | | | | |
| | 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 | | | | | | | | | |

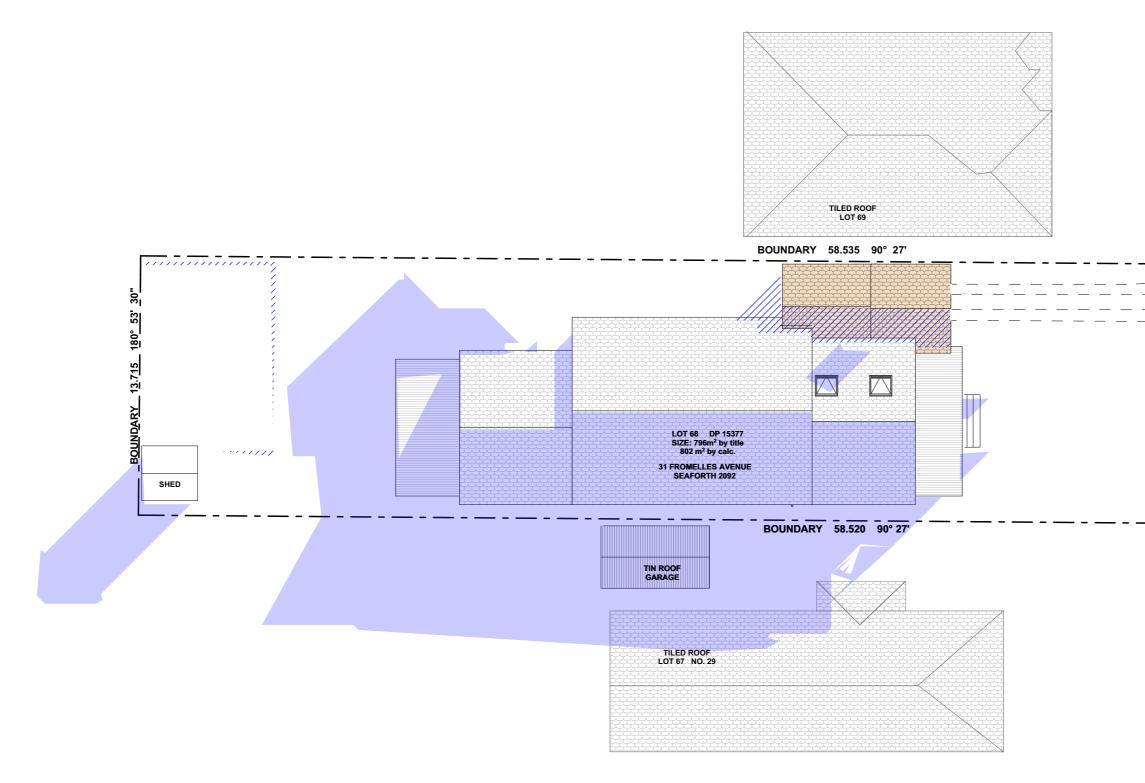
• To indicate the shadow cast by existing buildings and structures on the site and in the surrounding area

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) | | | | | | | | | | |

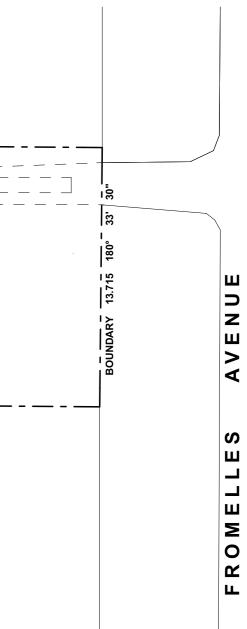
Part 3: Signature

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



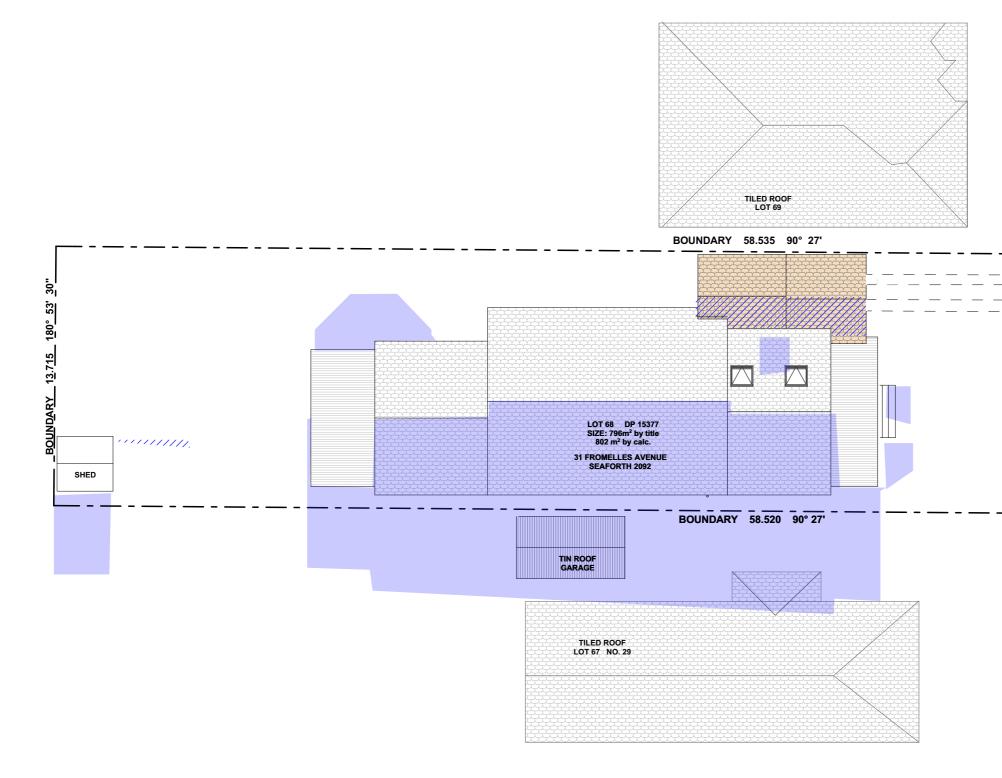
WINTER SOLSTICE 9AM Scale 1:200

| | | REV. | DATE | COMMENTS | DRWN | NOTES | LEGEND | | CLIENT | DRAWING NO. |
|-------------------|---|------|----------|------------------|------|--|--------|----------------------|--|---------------------------------------|
| AC | TION PLANS | А | 07/08/18 | DA DOCUMENTATION | AM | This drawing is the copyright of Action Plans and not be altered, reproduced or transmitted in any | | EXISTING SHADOWS | Kate & Bradley Thomas | DA10 |
| | | | | | | form or by any means in part or in whole with the written permission of Action Plans. | | PROPOSED SHADOWS | | DAIU |
| □■ m: 04 e:ope | 426 957 518 erations@actionplans.com.au ww.actionplans.com.au | | | | | All levels and dimensions are to be checked and verified on site prior to commencement of any work, making of shop drawings or fabrication of components. Do no scale on drawings. Use figured dimensions. | | NEIGHBOURING SHADOWS | PROJECT ADDRESS 31 Fromelles Avenue, Seaforth NSW 2092 | DATE Wednesday, 7 November 2018 |



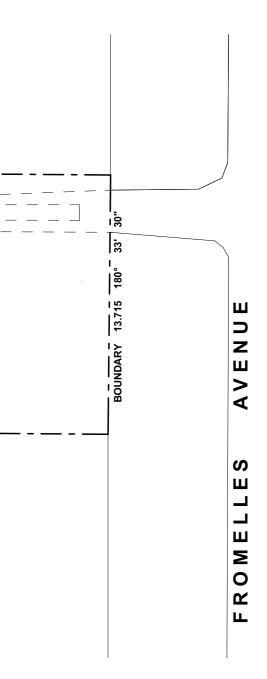


SCALE 1:200 @A3



WINTER SOLSTICE 12PM 1 Scale 1:200

| | _ | | | | | | | | |
|--|------|----------|------------------|------|---|--------|----------------------|---|-------------------------------|
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| m: 0426 957 518 e:operations@actionplans.com.au | | | | | All levels and dimensions are to be checked and verified on site prior to commencement of any work, making of shop drawings or fabrication of | | NEIGHBOURING SHADOWS | PROJECT ADDRESS | DATE |
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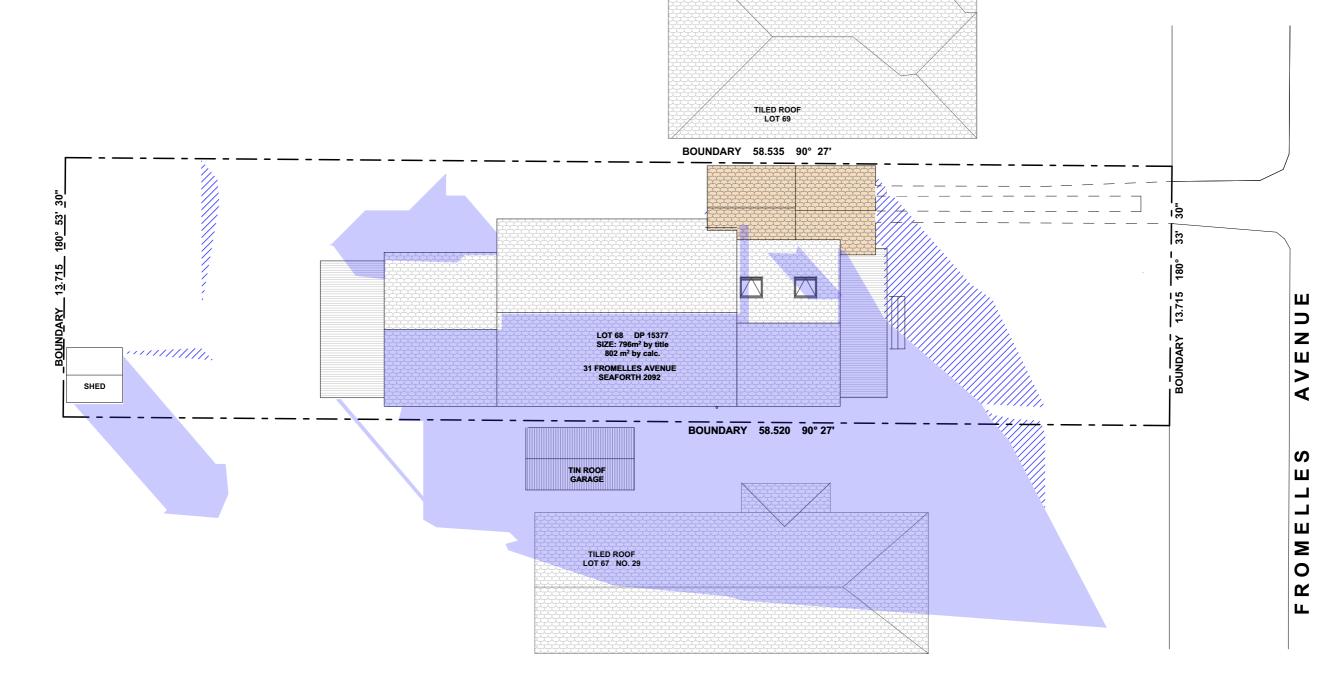
DRAWING NAME

WINTER SOLSTICE 12 PM

SCALE 1:200 @A3

| | | REV. | DATE | COMMENTS | DRWN | NOTES | LEGEND | CLIENT | DRAWING NO. |
|--|---|------|----------|------------------|------|---|----------------------|---|-------------------------------|
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| | m: 0426 957 518 e:operations@actionplans.com.au w: www.actionplans.com.au | | | | _ | verified on site prior to commencement of any work, making of shop drawings or fabrication of | NEIGHBOURING SHADOWS | PROJECT ADDRESS | DATE |
| | | | | | | Components. Do no scale on drawings. Use figured dimensions. | | 31 Fromelles Avenue, Seaforth NSW 2092 | Wednesday, 7 November 2018 |







SCALE 1:200 @A3