26/11 2009 10:04 FAX 0299794407

HAREMAKER

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This Rezoning Submission Form must be completed and attached to your submission.

	Rezoning No: R0001/05
The General Manager	Name NATALIE TIAREMAKER
Pittwater Council PO Box 882 MONA VALE NSW 1660	Address 26/2 FOREST RD
	WARRIEWOOD
(Fax No: 9970 7150)	Phone 99794407
	Date 26/11/09

Proposed Development: Planning Proposal to rezone 4 AND 8 FOREST ROAD, WARRIEWOOD NSW 2102 (Lot 1 DP 5055 and Lot B DP 370222) to 2(f) (Urban Purposes – Mixed Residential) to enable residential development

I have inspected the rezoning plans, I have considered them in the context ofthe relevant planning instruments or policies.

Ves	🗌 No
□ Yes	1 No

I am willing to provide expert reports to supplement my comments should a conflict in opinion arise.

In the interests of public transparency please note that your submission in its entirety will be available to the applicant or other interested persons on request and will also be made available on Council's internet site through Council's transparent Development Application Tracking process. You are encouraged, as is the applicant, to discuss with each other any matters that may be of concern.

COMMENTS: (You may use the space provided or attach a separate document).

I have made a political gift or donation
Please read the information enclosed concerning political donations and gifts disclosure and if RESIDENE relevant tick the box below and provide details of the donation or gift on the disclosure statement enclosed:
Disclosure of Political Donations and Gifts (sec 147 EP&A Act 1979):
AGAIN / ALSO THERE IS NOT ENGLISH ON STREET PARKING
OTHER SIDE OF FOREST RD PLS DO NOT DO THIS TO US
SUFFERING THROUGH THE NEW DEVELOPMENT ON THE
IS ALSO PREDOMINANTLEY YOUNG FAMILLES. AFTER ALREADY
NOT TO MENTION THE CONSTRUCTION TRAFFIC, OUR COMPLEX
WORKS WERE COMPLETE WOULD JUST NOT BE FEASIBLE
ADDING ADDITIONAL TRAFFIC WHEN THE BUILDING
TO GET IN AND OUT OF THE DRIVEWAY AT THIS TIME -
OF NO 2. FOREST RD IT IS AN ABSOLUTE NIGHTMARE
FOREST RD DURING SCHOOL! FROMS! AS A RESIDENT
STARTEEND IN VOIT
PLEASE ASK YOUR PLANNING OFFICERS TO VISIT

(Please complete details of your political donations or gifts on the form enclosed)

Name: _____ Signature:_____

_ Date:_____