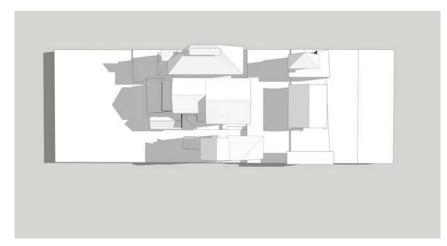
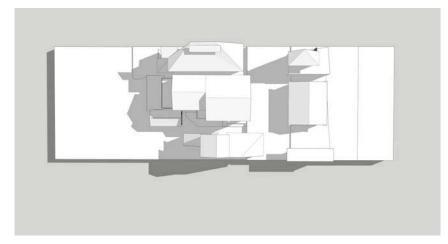


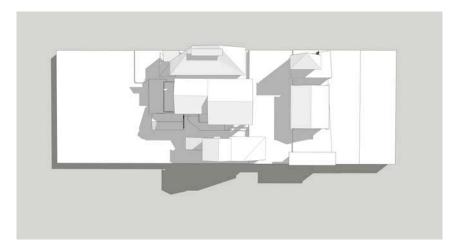
9:00AM 21st JUNE - EXISTING DWELLING



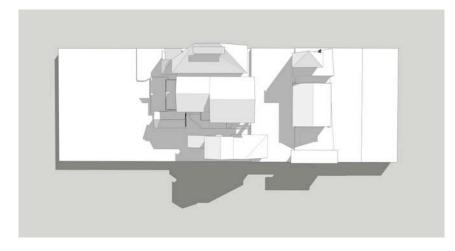
10:00AM 21st JUNE - EXISTING DWELLING



11:00AM 21st JUNE - EXISTING DWELLING



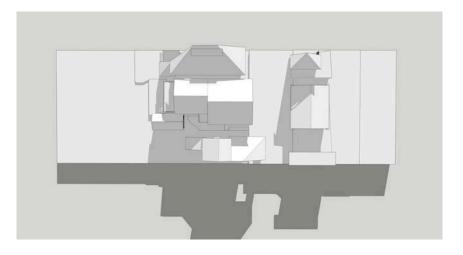
12:00PM 21st JUNE - EXISTING DWELLING



1:00PM 21st JUNE - EXISTING DWELLING



2:00PM 21st JUNE - EXISTING DWELLING



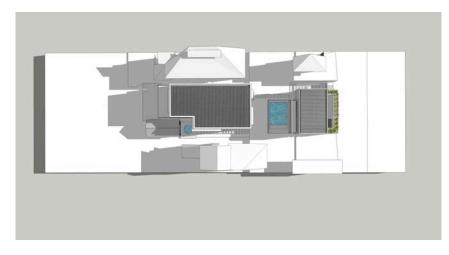
3:00PM 21st JUNE - EXISTING DWELLING



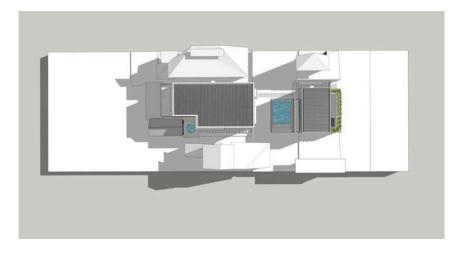
SCALE N/A



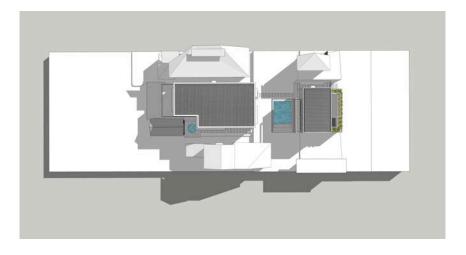
9:00AM 21st JUNE - PROPOSED DWELLING



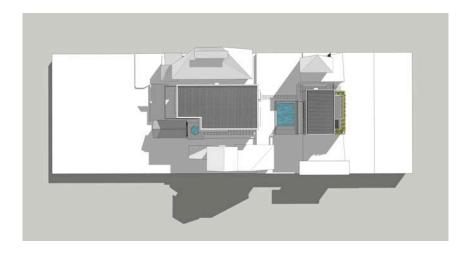
10:00AM 21st JUNE - PROPOSED DWELLING



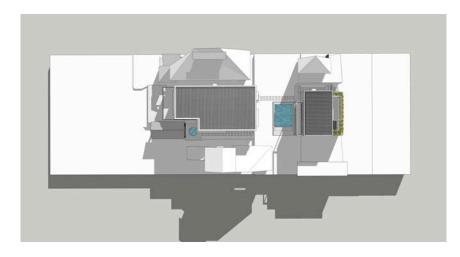
11:00AM 21st JUNE - PROPOSED DWELLING



12:00PM 21st JUNE - PROPOSED DWELLING



1:00PM 21st JUNE - PROPOSED DWELLING



2:00PM 21st JUNE - PROPOSED DWELLING



3:00PM 21st JUNE - PROPOSED DWELLING

0410 323 564

SPH-17-DA

NORTHERN BEACHES COUNCIL

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

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.nsw.gov.au														
Fax	9942 2606													
If you need help lodging your application call Customer Service on														
		at the Civic Centre, Dee Wh												
Part 1: Decla	ration													
1. DECLARAT	TION													
I hereby certify	that the shadow diagram	s submitted with the prop	osal at											
Address		52 Iluka Rd Palm Beach 2108												
For the erection of		Alterations + additions to existing dwelling including a new swimming pool.												
												Description of development		J
		red by a registered surveyo	r) which is requ	ired to be sub	mitted with	h the ap	plicatio	on						
 Drawn to tru Indicate sha 		at 9am, noon, 3pm, 21 Jur	ne											
To indicate	the shadow cast by existir	ng buildings and structures	on the site and	in the surrou	inding area									
Part 2: Certifi	cation													
2. CERTIFIEF														
Title		○ Mr ○ Mrs ⊘ Ms ○ Other												
Full family nan	Full family name (no initials) (or Company) Hudson													
Full given nam	es (no initials) (or A.C.N)	Rachel Lonise												
Phone		0410 323	564	Alternate					,	/				
Mobile		t t		Fax					,	/				
Qualification (i.e. Architect, Planner, Computer Technician, Surveyor) Architect														
Part 3: Signa	ture													
3. APPLICAN	T(S) SIGNATURE	11												
Signature		PH:),											
Date		17-09	. 2018											