

CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

| Contact Us | | Offic | e 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 (02) 9942 2111 or come in and talk to us at the Civic Centre, Dee Why. | | | | | | | | | |

Part 1: Declaration

| 1. DECLARATION | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| I hereby certify that the shadow diagrams submitted with the proposal at | | | | | |
| Address | | | | | |
| Address | | | | | |
| | | | | | |
| For the erection of | | | | | |
| Description of development | | | | | |
| | | | | | |
| • In accordance with the survey (prepared 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 | | | | | |

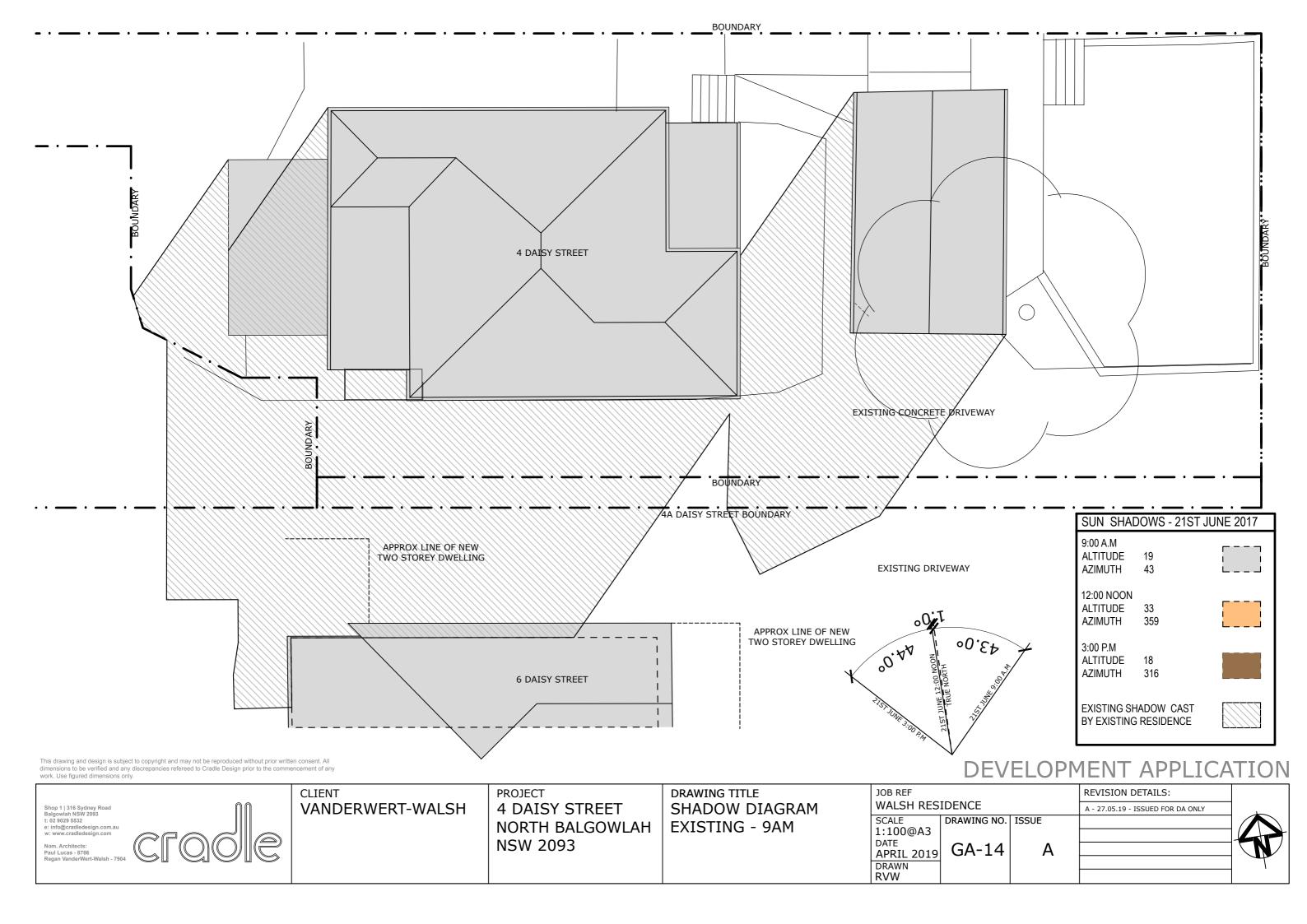
• To indicate the shadow cast by existing buildings and structures on the site and in the surrounding area

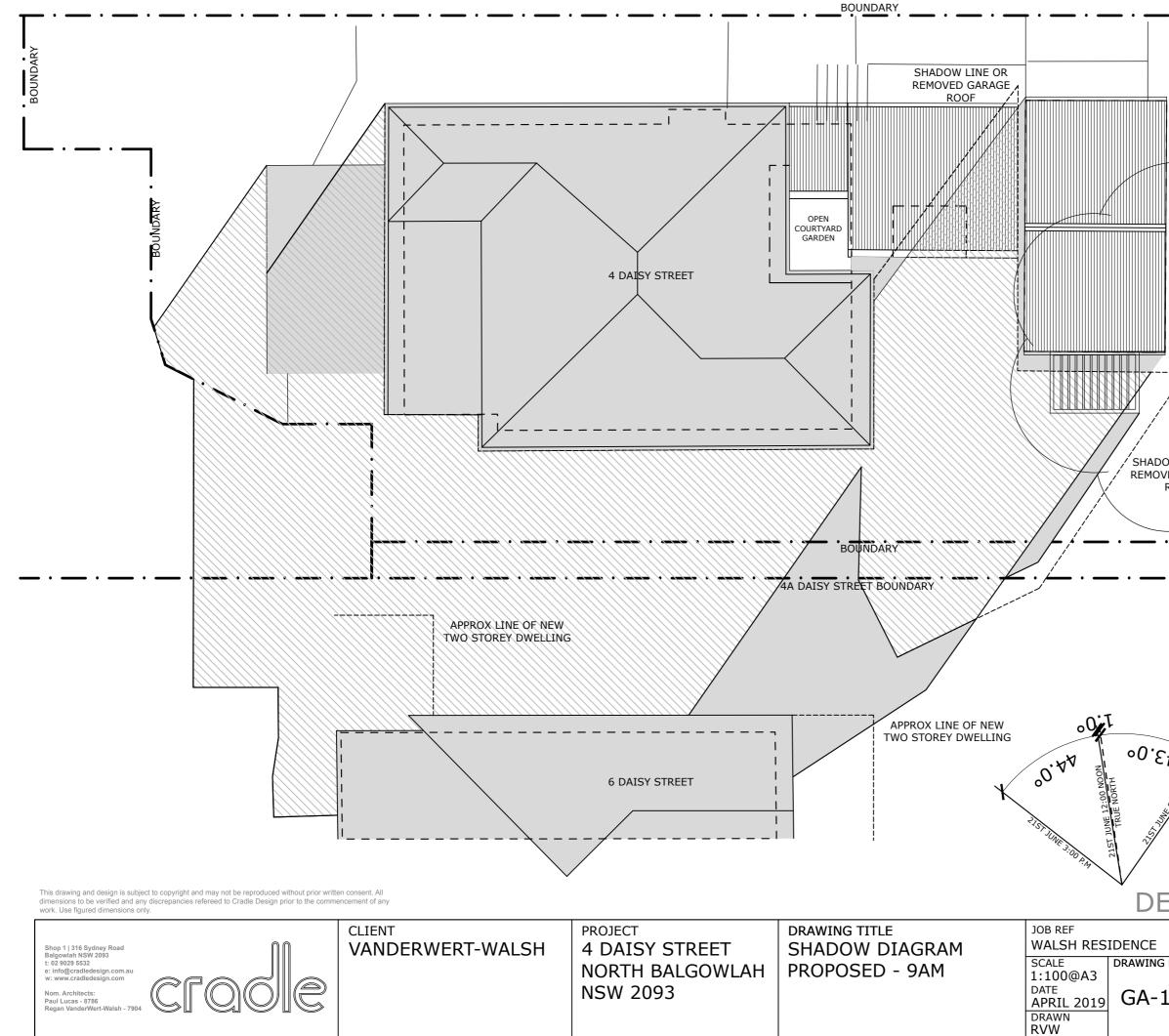
Part 2: Certification

| 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) | | | | | | |

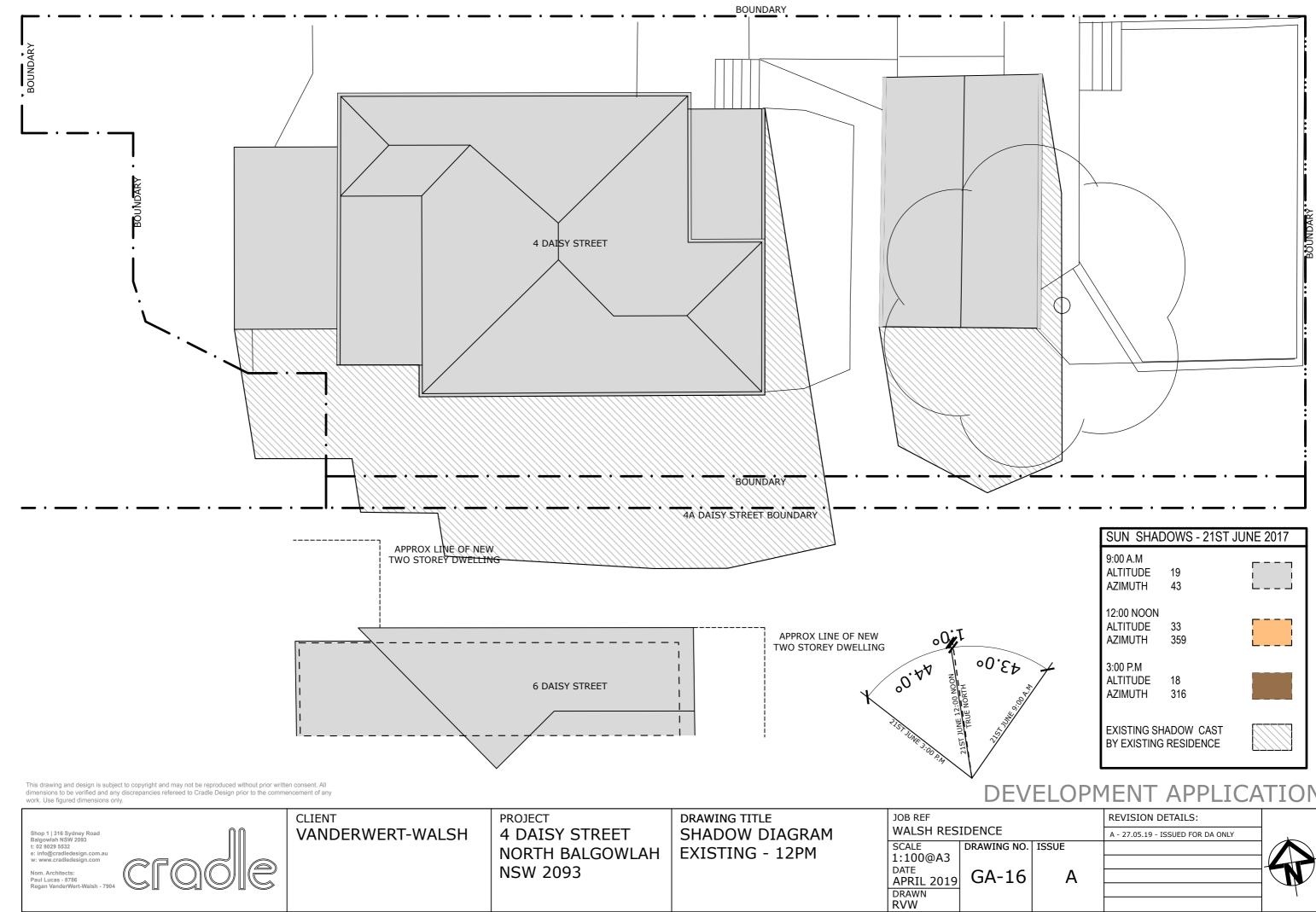
Part 3: Signature

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





| | | . BOUNDARY |
|---------------------------------------|-------------------------------------------------------------|------------|
| OW LINE OR VED GARAGE ROOF | | |
| | SUN SHADOWS - 21ST 9:00 A.M ALTITUDE 19 AZIMUTH 43 | JUNE 2017 |
| ~ | 12:00 NOON ALTITUDE 33 AZIMUTH 359 | |
| A A A A A A A A A A A A A A A A A A A | 3:00 P.M ALTITUDE 18 AZIMUTH 316 | |
| ¥ | EXISTING SHADOW CAST BY EXISTING RESIDENCE | |
| EVELOPI | MENT APPLI REVISION DETAILS: | CATION |
| NO. ISSUE | A - 27.05.19 - ISSUED FOR DA ONL | Y |
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| | 1 | SUN SHAD | OWS - 21ST JU | NE 2017 |
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| | | 9:00 A.M ALTITUDE AZIMUTH | 19 43 | |
| | | 12:00 NOON ALTITUDE AZIMUTH | 33 359 | |
| E ↓ 4 E | \neq | 3:00 P.M ALTITUDE AZIMUTH | 18 316 | |
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| | | REVISION DE | ETAILS: | |
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