

APPLICATION FOR TEMPORARY ACCOMMODATION

PART A. DETAILS OF THE APPLICANT

Please tick the box that applies to you.

The Applicant of the Development Consent

The Owner of the Land

Mr Ms Mrs Dr Other:

First name Family name

Applicant's Signature Date

Contact No. Email

PART B. DETAILS OF THE LAND WHERE TEMPORARY ACCOMMODATION IS TO BE CARRIED OUT

Flat/street no. Street name

Suburb or town Postcode

Lot no. Section DP / SP no.

PART C. DETAILS OF THE TEMPORARY ACCOMMODATION AND WASTE MANAGEMENT

What type of accommodation will be occupied? Date to commence temporary accommodation?

How will the sanitary bathing, toilet and laundry facilities be provided?

How will the sanitary facilities waste be managed and disposed of?

Will a Class 10 building be used in conjunction with the temporary accommodation: **YES** **NO**

A copy of the development consent and approved plans must be provided with this application.

PART D. DETAILS OF THE APPROVAL FOR THE DWELLING HOUSE

DA No.	<input type="text"/>	Date of Determination	<input type="text"/>
CC No.	<input type="text"/>	Date of Determination	<input type="text"/>
CDC No.	<input type="text"/>	Date of Determination	<input type="text"/>

PART E. FEES – OFFICE USE ONLY

Temporary Accommodation Application

Date Receipt