1. PROPERTY DETAILS –
Address of the land that will be affected by the rezoning/amendment

Address: ________________________________________________________________
________________________________________________________________________

Lot Number(s):__________________________________________________________

DP Number(s):__________________________________________________________

2. ZONING

What is the current zoning of your property? _________________________________

Do you want to change the zone? YES NO

If yes, what zone do you want for your property? ____________________________

If the purpose of your application is to change the aims, definitions or clauses which apply to the
Shire in general (or in part) or to add an additional permissible land use, please describe:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. YOUR PROPOSAL

Please give a brief description of what your application is intended to allow (eg commercial
development, rural lifestyle subdivision)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Date Received ___________________
4. OWNERS CONSENT –
All owners if there are more than one.

Owner's name:__________________________________________________________
Address: _____________________________________________________________ Post Code:____
Owner's signature/Company Stamp__________________________________________
Date:________________________

5. APPLICANTS DETAILS –
This is the person nominated by the owner(s) to lodge this application with Council. Council will communicate only with the applicant during the assessment process. All requests for additional information required will be directed to the applicant.

Name: ________________________________________________________________
Postal Address: _________________________________________________________
________________________________________________________ Post Code:________
Phone (Business Hours): _____________________ Facsimile:____________________
Email Address: __________________________________________________________________
Signature of Applicant:____________________________________________________

6. REZONING CHECKLIST –
Please tick the box if your answer is YES.

Have you discussed your application with Dungog Council’s Rezoning Panel? ☐

Does your application satisfy the requirements of the Dungog LEP, Dungog Rural Strategy and any relevant Local Area Plan? ☐

Have you read Council’s rezoning proposals Information sheet? ☐

Have you supplied five (5) hard copies and one electronic copy? ☐