

**CALL**  
(08) 8256 0333

**POST**  
12 Bishopstone Road  
Davoren Park SA 5113

**EMAIL**  
playford@playford.sa.gov.au

**VISIT**  
Playford Civic Centre  
10 Playford Boulevard  
Elizabeth SA 5112

Stretton Centre  
307 Peachey Road  
Munno Para SA 5115



# DEVELOPMENT APPLICATION FORM

## 1. Application type

- |  |   |
|--|---|
| <input type="checkbox"/> Planning and building consent       | <input type="checkbox"/> Building consent privately certified |
| <input type="checkbox"/> Planning consent only               | <input type="checkbox"/> Residential Code (Council assessed)  |
| <input type="checkbox"/> Building consent only (Schedule 1A) |   |

## 2. Applicant details

Family name:	Given name/s:		
Postal address:		Post code:	
Email:		Phone:	

## 3. Owner details

As above

Family name:	Given name/s:		
Postal address:		Post code:	
Email:		Phone:	

## 4. Contact person for further information

As per applicant/owner

Family name:	Given name/s:		
Postal address:		Post code:	
Email:		Phone:	

## 5. Description of proposed development

Description of development:  
*(eg. dwelling, verandah)*

Intended use:

Floor area (Sqm):

Building rules classification sought:  
*(eg. 1a, 10a)*

Development cost: \$

## 6. Location of proposed development

House No:	Lot No:	Title Volume/Folio:	
Street:		Suburb:	Post code:

7. Work type	
<input type="checkbox"/> New build	<input type="checkbox"/> Addition or alteration
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (Please specify)
Wall / Wall Cladding	
<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Colorbond or steel
<input type="checkbox"/> Fibro-cement	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other (Please specify)	
Floors	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber
<input type="checkbox"/> Other (please specify)	
Roof	
<input type="checkbox"/> Colorbond or steel	<input type="checkbox"/> Tiles
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Other (please specify)
Frame	
<input type="checkbox"/> Steel	<input type="checkbox"/> Timber
<input type="checkbox"/> Other (please specify)	

8. Builder/supervisor details		Registration no:	
Family name:		Given name/s:	
Postal address:			Post code:
Email:		Phone:	

9. Applicant Declaration	
<b>Building Near Power Lines and Underground Cables</b>	
I declare that the proposed development will involve the construction of a building which would, if constructed in accordance with the plans submitted, not be contrary to the regulations prescribed for the purposes of section 86 of the <i>Electricity Act 1996</i> . I make this declaration under clause 2A(1) of Schedule 5 of the <i>Development Regulations 2008</i> .	
NB: If this declaration is not made, a referral to the Office of the Technical Regulator is required.	
<b>Copyright of Plans</b>	
I acknowledge that copies of this application and supporting documentation may be provided to interested persons in accordance with the <i>Development Act 1993</i> and <i>Regulations 2008</i> . This includes display on Council's website and electronic media.	
<b>Street Infrastructure and Driveways / Entranceways</b>	
I declare that I have examined the site of the application and drafted site plans and drainage plans for my proposal and to the best of my understanding acknowledge the proposed entranceways, crossways and driveways are not less than one (1) metre from existing or proposed street infrastructure. In the event that a proposed entranceway, crossway and/or driveway is less than 1 metre from existing or proposed street infrastructure, I will amend any such proposal to comply with the one (1) metre clearance required from such street infrastructure. I understand that the City of Playford is not obligated to relocate any street infrastructure as a result of my development proposal, and is not liable to meet any costs associated with the relocation of any street infrastructure.	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____

10. Payment information	
<b>CREDIT CARD PAYMENT – CARD TYPE:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date: _____/_____/_____    Cardholder's Name: _____	
Amount: _____    Signature: _____	