## **Shire of Kent**



PO Box 15 NYABING WA 6341
Tel: (08) 9829 1051 Fax: (08) 9829 1083
Email: admin@kent.wa.gov.au

## **Application for Clearance of Subdivision Approval**

Property Details:							
Lot No:	Origina	l House No:	Street Address:		Suburb:		
Date of Approval:		WAPC Reference No:		Deposited Plan Number:			
Conditions Numbered: (for Shire Clearance)							
Number of lots on Deposited Plan:			Clearance Application Fees: (incl. common property and balance lots)				
Contact Person Details:							
Name:			Company:				
Address:							
Email:		Phone:		Fax:			

## **Important Notes:**

- 1. Applications must include a separate cheque for clearance application fees which can be confirmed by contacting the Shire.
- 2. The application checklist attached must be completed in its entirety. Anything left incomplete or not included in the application will result in the application being returned.
- 3. Copies of all relevant documentation and supporting evidence / reports must be provided with each application regardless of having previously been provided to the Shire for other reasons or as part of a previous clearance request.

All Shire Conditions must be satisfied and certification documents attached for the clearance process to begin						
Condition No.	Condition Keywords	Provide comment AND evidence (copies of reports, Statutory Declarations, Plans etc) as to how each condition has been fulfilled (Must be completed)				
i.e. 6	i.e. Crossovers	i.e. Crossovers constructed to Shire specifications				

I declare that all conditions have been satisfied and application being returned.	I understand anything left incomplete will result in th	e application unable to be processed and t
Signed:		
Name & Position:		