



Planning Act 2016 & Planning Regulation 2017 Building Act 1975

Please tick one option

I am submitting a PROPERLY REFERRED application for assessment
 I declare that all mandatory information is included with in this

properly referred application.

□ I am seeking an EARLY REQUEST for referral agency assessment NOTE: *An EARLY REQUEST has no legislative timeframes.*

FORM

	Building Certifier Detail		
	Certifier Name		
n 1	Certifier Company		
ctio	Postal Address		
Secti	Suburb	State:	Postcode:
	Contact Phone #		
	Email Address		

	Applicant Details		
2	Full name		
ion	Postal Address		
Section	Suburb	State:	Postcode:
S	Contact Phone #		
	Email Address		

ŝ	Property Details		
ion	Street Address		
Sectio	Suburb	State:	Postcode:
Š	Lot and Plan Description		

4	Details of Proposed Works		
Section	Describe the proposed works		

	CairnsPlan Zone		
on 5	What CairnsPlan Zone is the property located in?Note:You can use the CairnsPlan 2016 property report tool to find the zone		
Section	 Low Density Residential Environmental Management Emerging Community 	 Low Medium Density Residential Conservation Other (Please specify)	 Rural Residential Rural

Applicable Codes

	part of the Queensland Development Code (QDC) and/or CairnsPlan 2016 are applicable to the proposal?	
	This fo	rm is not to be used for an application for assessment against QDC MP1.4.
n 6	Note:	You may need to tick more than one box if multiple apply
Section	Note:	Council's Assessment Responses for Referral Agency Response Assessment may assist with responding to the
Se		Applicable Codes
		QDC MP1.1: Design and siting standard for single detached housing - on lots under 450m ² .
		QDC MP1.2: Design and siting standard for single detached housing - on lots 450m ² and over.
		CairnsPlan 2016 – section 1.6 – Building work regulated under the planning scheme.
		CairnsPlan 2016 – section 1.8 -Local Govt Administrative Matters for Amenity and Aesthetic Impacts

	Attachments		
~	Note: See Relevant Plans Guidelines to assi	ist with Council's requirem	ents for plans
u	Note: Council's Assessment Responses for I	Referral Agency Response	Assessment may be utilised as the report
Section	Report addressing the relevant criteria	🗌 Yes	🗌 No
Š	Relevant Plans	🗌 Yes	🗌 No
	Payment	Yes	□ No

	Applicant Declaration	
on 8	I declare that the information provided on this form and attachments is true	e and correct in every detail.
Section	Signature	Date

	Submit and Pay	
Section 9		PreferredOptionVia Council's Development Applications Online Portal Payment via: (Bpoint Mastercard or Visa)
		Present your application at a Customer Service Centre located at: 119-145 Spence Street, Cairns This office is open from 8:30am to 4:30pm weekdays (excluding public holidays) Payment via Cash, cheque, EFTPOS and/or credit card (Mastercard or Visa).
Se		Cairns Regional Council Attention: Manager Development, Planning & Property PO Box 359, CAIRNS QLD 4870. Payment via Cheque
	Ŕ	If you experience any problems lodging your application through the Development Applications Online portal, you may email your application to <u>planningadmin@cairns.qld.gov.au</u>

Privacy and Collection Statement

Section 10

Cairns Regional Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which Council manages personal information is governed by the *Information Privacy Act 2009*. We are collecting your personal information in accordance with the *Planning Act 2016* and the *Planning Regulation 2017*. The information will be used to process this application for a referral agency response, update our records, and undertake compliance related activities as necessary. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you give your consent to this disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.