

**LOCAL GOVERNMENT AUTHORITY  
CODES APPROVAL APPLICATION FORM  
RESIDENTIAL DESIGN CODES OF W.A.**

(Phone Building Services Department: 9528 0356)



**APPLICATION FOR SINGLE HOUSE / OUTBUILDING CODES VARIATION**

**To:** City of Rockingham

**NOTE:** This is not an application for Planning Approval.  
Application for Single House/Outbuilding Approval is to be made on this form  
**IF**  
An application for Planning Approval is not required under the Town Planning Scheme  
**AND**  
The proposed development involves on of the following:

- The exercise of a discretion by the Council under the Residential Design Codes; or
- The exercise of a discretion by the Council under a Local Planning Policy made in accordance with the Town Planning Scheme.

If you are in doubt about whether application should be made on this form, please consult the Council's Planning or Building Officers.

**OWNER DETAILS:**

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Name:

Address:

Postcode:

Signature:

Date:

Signature:

Date:

All owners must sign this form or an attachment if there is not sufficient space. State your position where signing on behalf of a company. This application will not proceed otherwise.

**APPLICANT DETAILS:**

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Name:

Phone:

Address:

Fax:

Contact Person:

Email:

Signature:

Date:

**PROPERTY DETAILS:**

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Lot No:

Street No:

Street Name:

Suburb:

Location No:

Diagram/Plan No:

Certificate of Title No:

Folio:

Nearest Street Intersection:

Title Encumbrances (e.g. easements, restrictive covenants):

Approximate cost of proposed development:

PLEASE FILL IN THE DETAILS ON THE REVERSE

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**DETAILS OF DISCRETIONARY DECISION(S)**

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1. Please provide details of each aspect of the proposed development which does not conform to an "Acceptable Development" provision of the Codes or a Local Planning Policy made under the Town Planning Scheme.
2. Please refer to the specific performance criterion or other provision under which the Council's discretionary decision is required and give full reason in support of your proposal.
3. Attach further information in support if needed.

**OFFICE USE ONLY**

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Accepting officer's initials Date

Date Received

Council Reference No