



WELL MADE DEVELOPMENT APPLICATION CHECKLIST

D0002 V1

DUAL OCCUPANCY
Chief Executive Officer, Ipswich City Council
PO Box 191, Ipswich Q 4305

Office Use Only	
Applic No: _____	
Date Rcd: ____/____/____	Receiving Officer: _____

A well made application assists Council in the efficient assessment of your development application and reduces the instances whereby Council needs to request further information to assess the application.

This Checklist has been designed to assist you in lodging Dual Occupancy development applications.

You are encouraged to fill in this Checklist and lodge it together with your development application.

Prelodgement Advice	
Development Planner	
Has prelodgement advice been sought from a Council Development Planner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the development application comply with the Council Development Planner's advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Application Details	
Statutory application forms have been completed including all mandatory information (including Owner's consent):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed site / layout plan (4 copies unless lodged via Smart eDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Dual Occupancy for relatives accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If for relatives accommodation, is there a Statutory Declaration attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information Privacy Collection Notice

Ipswich City Council is collecting your personal information in accordance with the *Sustainable Planning Regulation 2009* so that we can process your application and perform our responsibilities under the Regulation. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions we may need to disclose your personal information to the Chief Executive who may in turn make this information available to others in accordance with the Regulation. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

Application Details (Continued)	
Is the design solution consistent with the streetscape setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the site a hatchet lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Access Strip 5 metres wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the site subject to an easement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the proposed units commanded by sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the proposed units commanded by water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stormwater solutions (quantity / quality) provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the slope of the land 10% or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building over / near Council infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are Schedule 5 building setbacks achieved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building articulation avoid large expanses of blank wall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is appropriate off street parking provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any buildings to be demolished / relocated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Report / Statement about how the proposed development addresses the Zone Code, Residential Code and the requirements of Policy 2 of the Planning Scheme. (The report is to clearly indicate where the proposed development does not comply with the probable solution and provide a basis for the alternative solution being proposed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Development Constraints Overlays	
Is the site subject to any planning scheme development constraint overlays ¹ (eg OV3: Mining Influence Area)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which development constraints overlay relates to the land (provide details)?	
Has supporting information been submitted that addresses the development constrain overlay (eg a Mining Assessment Report for land that is within OV3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

Referral Agencies	
Does the application trigger a Referral Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Referral Agency is applicable and why is the application triggered for referral (provide details)?	

Statement	
I (Name of person who completed this Checklist) _____ confirm that this checklist has been correctly completed.	
_____	_____
Signature	Date

¹ Council's PD Online system provides further details as to which development constraint overlays apply to a particular parcel of land. For further information, please undertake a Property Search on PD Online at www.ipswich.qld.gov.au.