



SHIRE OF
Chapman Valley
love the rural life!

FORM OF APPLICATION FOR PLANNING APPROVAL

(PLEASE COMPLETE ALL BOXES)

OWNER DETAILS:

Name(s): SEARADGE HOLDINGS PTY LTD
Postal Address: X 79 MARINE TCE GERALDTON Postcode: 6530
Contact Person: KRISTINA DRAGE / SCOTT SIMISTER
Phone: 0409006027 Email: NABAWATAVELIN@GMAIL.COM
0416097544
Signature: _____ Date: _____
Signature: *Scott Simister* Date: _____

NOTE: The signatures of ALL the owner(s) is required to process this application.

APPLICANT DETAILS: (if different from owner)

Name: AS ABOVE
Postal Address: _____ Postcode: _____
Contact Person: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

PROPERTY DETAILS:

Lot/Location No: _____ House/Street No: 3354
Street Name: CHAPMAN VALLEY RD Locality/Suburb: NABAWA
Diagram/Plan No: _____ Volume No: _____ Folio No: _____

EXISTING DEVELOPMENT/LAND USE:

Nature of any Existing Development/Land Use: NABAWA VALLEY TAVERN

PROPOSED DEVELOPMENT/LAND USE:

Description of Proposed Development/Land Use: NABAWA VALLEY TAVERN
TAB TERMINAL BETTING AGENCY

Approximate Cost: \$ 1000

Estimated Time of Completion: 2 DAYS

REQUIRED INFORMATION & FEES:

Please refer over for the information required to be submitted with this application and the schedule of fees. This application will not be processed without all required information including payment of the appropriate fee.

OFFICE USE ONLY:

Date Received: _____ Application No: _____

Accepting Officer's Initials: _____ File Number: _____

Required Fee: \$ _____ Date Paid: _____



Valley Tavern

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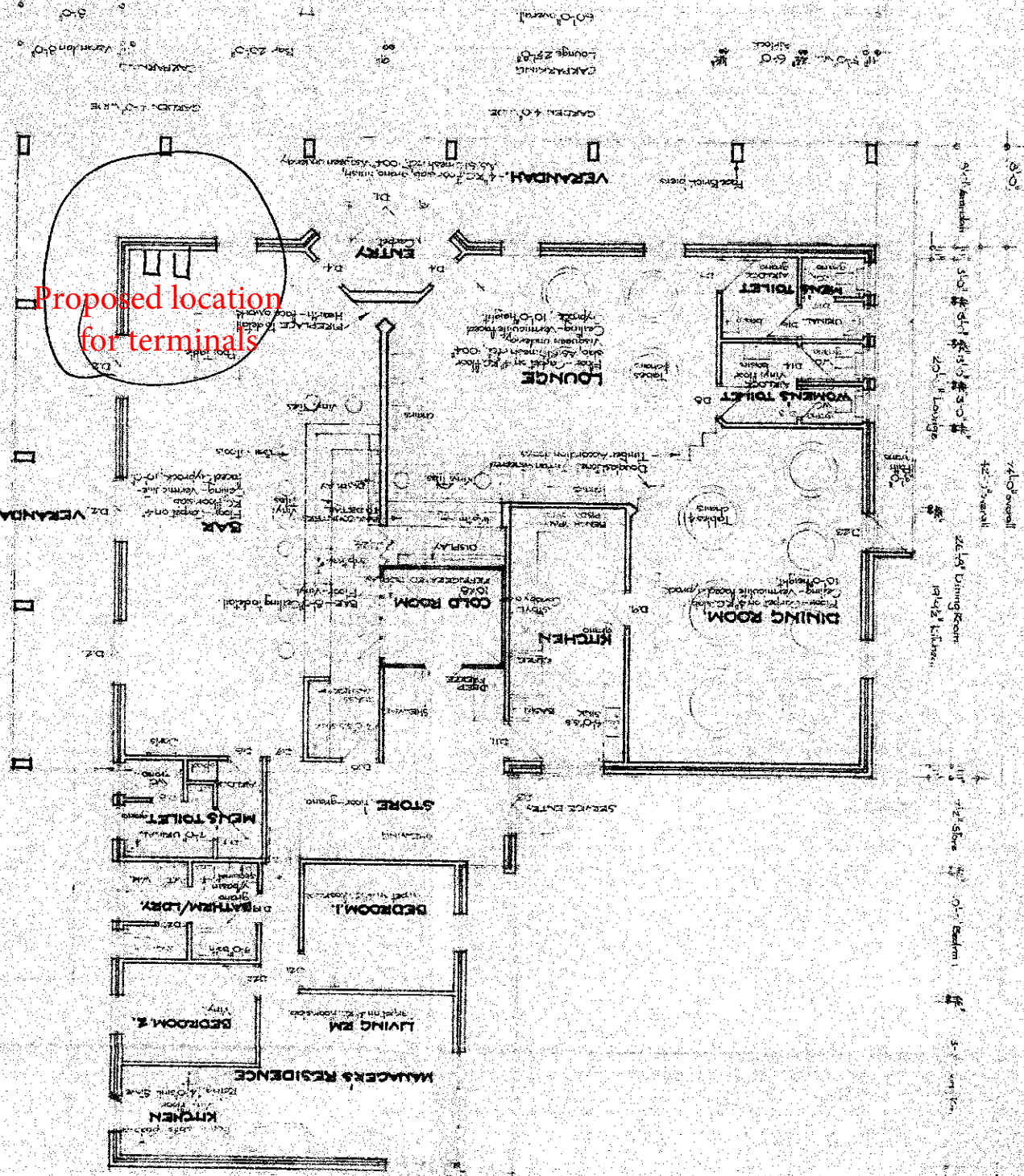
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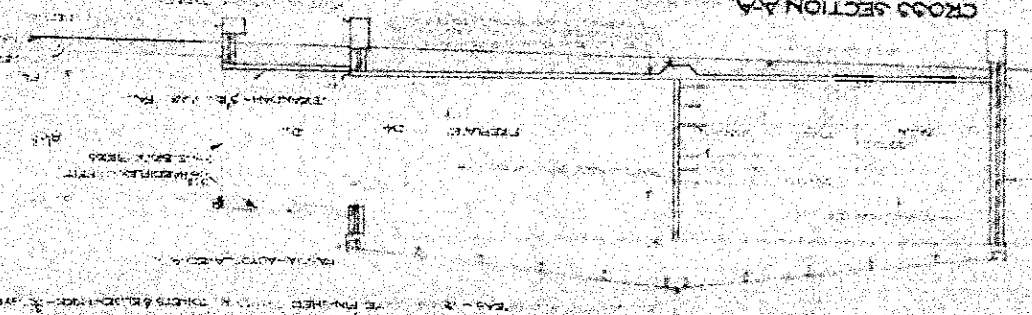
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FLOOR PLAN, FURNITURE PLAN



Proposed location for terminals

CROSS SECTION A-A



example of terminals

