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**Application to the City of Armadale for Clearance of Conditions on
Subdivision Approval**

Date: _____

WAPC Reference No. _____

STAGE No. _____

Property Details

Contact Person Details

Lot no.: _____

Name: _____

Street: _____

Company: _____

Full Address: _____

Locality: _____

Telephone: _____

Estate Name: _____

Mobile: _____

Date of WAPC Approval: _____

Fax: _____

Email: _____

Conditions Numbered: _____

Number of Lots the subject of this

Clearance: _____

Clearance Application Fees: _____

Lodgement checklist and Conditions form must be completed with all certifications, anything left incomplete or not included in the application will be returned.

Lodgement Checklist	Complete
Clearance Application Form completed.	<input type="checkbox"/>
Two copies of the Deposited Plans attached.	<input type="checkbox"/>
Two copies of all receipts are attached.	<input type="checkbox"/>
If subdivision approval is to be staged, then 2 copies of Staging Plan and Deposited Plan area identified on the approved plan has been submitted with the Clearance Application Form.	<input type="checkbox"/>
If works are to be bonded, then two copies of Bond Schedule is attached.	<input type="checkbox"/>
Planning Fees, ODP and POS Cost Contributions Paid.	<input type="checkbox"/>
List of Appendices are attached.	<input type="checkbox"/>
Diagram of Survey showing all existing buildings with setbacks featured and location of effluent disposal systems, is attached.	<input type="checkbox"/>

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		<input type="checkbox"/>
		<input type="checkbox"/>
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ODP contributions		<input type="checkbox"/>
POS Payments		<input type="checkbox"/>
Supervision Fee		<input type="checkbox"/>
Maintenance Bond		<input type="checkbox"/>
Outstanding Works Bond		<input type="checkbox"/>
Drainage as-con		<input type="checkbox"/>
Pavement Tests		<input type="checkbox"/>
Lot Compaction		<input type="checkbox"/>
Septics		<input type="checkbox"/>

I declare that all conditions have been satisfied and I understand anything left incomplete will result in the application being unable to be processed.

Signed: _____ Name & Position: _____