



Planning Panels

Application Assessment Panel (AAP)
Woollahra Local Planning Panel (WLPP)
Registration Form to Address Panel

Expiry date: 30 June 2025

About this form

Register to speak at an Application Assessment Panel (AAP) Meeting or Woollahra Local Planning Panel (WLPP) Meeting.

1. This form is to be used to request to address a Panel Meeting with respect of any particular item listed on the Agenda.
2. Members of the public are invited to address a Panel Meeting via Zoom. Once registration has been confirmed, the Zoom details will be forwarded to you on the day of the meeting.
3. This form must be completed and submitted to Council **by 12.00pm (midday) on the day before the meeting**. Please submit your completed form to Council by delivering it to Customer Services or by email to records@woollahra.nsw.gov.au
4. Please visit the <https://www.woollahra.nsw.gov.au/Council/Meetings-and-committees/Upcoming-meetings-calendar> for any current and future meeting dates.

Details of person Registering to Address a Panel Meeting

| | | | |
|----------------------------------|----------------------|----------------|----------------------|
| Title & Full name: | <input type="text"/> | | |
| Company name: (if applicable) | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Phone: | <input type="text"/> | Email Address: | <input type="text"/> |

Details of Agenda Item

| | | | |
|---------------------------|---|---|---|
| Date of Panel Meeting: | <input type="text"/> | | |
| I would like to Address: | <input type="checkbox"/> Woollahra Planning Panel | <input type="checkbox"/> Application Assessment Panel | |
| Agenda Item No. | <input type="text"/> | | |
| DA No. & Address of Item: | <input type="text"/> | | |
| Relationship to Item | <input type="checkbox"/> APPLICANT | <input type="checkbox"/> OJECTOR | <input type="checkbox"/> OWNER |
| | <input type="checkbox"/> OTHER (Please specify) | <input type="text"/> | |
| Speaking: | <input type="checkbox"/> IN SUPPPORT | <input type="checkbox"/> IN OBJECTION | <input type="checkbox"/> ON BEHALF OF OTHERS IN WHAT CAPACITY I WOULD LIKE TO PRESENT TO COUNCIL OTHER INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | IF YES, PLEASE ATTACH. PRE-APPROVAL MUST BE OBTAINED FROM COUNCIL | | |

Declaration and signature

I,

Confirm that I have read this form and wish to address to Panel.

Applicant's Signature:

Date:

Privacy

For more information about Privacy and Personal Information, please visit www.woollahra.nsw.gov.au/privacy

Lodgment details

Mail to: Woollahra Municipal Council
PO Box 61 Double Bay 1360

In person: Woollahra Council Chambers
536 New South Head Road Double Bay NSW 2028

Email: records@woollahra.nsw.gov.au

Telephone (02) 9391 7000