

STATEMENT OF ENVIRONMENTAL EFFECTS TEMPLATE

If unsure about any of the details required it is recommended that you contact Council's Planning Department by calling Hay (02) 6990 1100 and make an appointment to discuss your proposal with an assessment officer.

Property Details

Lot(s) DP

House Number (s) Street

Town

Description of The Site and Locality

The Site

Details of the Proposed Development

Proposal

Matters for Consideration

(Matters for consideration pursuant of the *Environmental Planning & Assessment Act 1979 Section 4.15*)

a) Is the development permissible within its zone? Yes No

b) Likely impacts of the development, including environmental impacts on both the natural and built environments, as well as social and economic impacts in the locality.

- | | | Yes | No |
|-------|--|--------------------------|--------------------------|
| (i) | Will the proposal result in the loss/damage of any vegetation from the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) | Are any landscaping works proposed on the land? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | If yes, please describe the proposed works and detail what existing trees/vegetation to be removed/ retained or show details on the site plan. | | |

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|-------|--|--------------------------|--|--------------------------|
| | | Yes | | No |
| (iv) | Does the proposal involve excavation or filling of the site?
If yes, outline details and/ or identify on plans. | <input type="checkbox"/> | | <input type="checkbox"/> |
| <hr/> | | | | |
| <hr/> | | | | |
| (v) | Is vehicular access available from the street?
Outline details of vehicular access and parking arrangements (ie location, car parking, etc) | <input type="checkbox"/> | | <input type="checkbox"/> |
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| (vi) | Will the proposal impact on adjoining residences?
Could be proximity to neighbours, noise, traffic generation, odours, etc | <input type="checkbox"/> | | <input type="checkbox"/> |
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| (vii) | Will the proposal have any social and/or economic impacts?
If yes, outline details | <input type="checkbox"/> | | <input type="checkbox"/> |
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c) Suitability of the site for the development

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|-------|--|--------------------------|--|--------------------------|
| | | Yes | | No |
| (i) | Is the area an established residential area? | <input type="checkbox"/> | | <input type="checkbox"/> |
| (ii) | Are existing utility services available and adequate to serve the development
(ie water, sewerage, telephone, gas, stormwater and garbage)? | <input type="checkbox"/> | | <input type="checkbox"/> |
| (iii) | If no, what alternative arrangements are proposed? | | | |
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| (iv) | Are there any other matters relating to your proposed development or use,
such as management details, operating or construction hours, noise etc? | <input type="checkbox"/> | | <input type="checkbox"/> |
| (v) | If yes, please specify. | | | |
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PLEASE PROVIDE HOURS OF OPERATION if relevant OR for commercial and/or industrial developments (required)

Days of Operation	Hours of Operation	Days of Operation	Hours of Operation
Monday – Friday	.....to.....	Monday	.....to.....
Saturday	.....to.....	Tuesday	.....to.....
Sunday	.....to.....	Wednesday	.....to.....
Public Holidays	.....to.....	Thursday	.....to.....
		Friday	.....to.....

Please attach additional pages for extended answers