



Planning and Development Act 2005

TO: The Chief Executive Officer of the Shire of Roebourne

SUBMISSION ON LOCAL PLANNING POLICY DP 19 STORM SURGE RISK SPECIAL CONTROL AREA

Name : _____ Phone: _____

Organisation (if relevant): _____

Address: _____

Date: _____

SUBJECT OF SUBMISSION

(State how your interests are affected, whether as a private citizen, on behalf of a company or other organisation, or as an owner or occupier of property).

ADDRESS OF PROPERTY AFFECTED BY THE PROPOSED LOCAL PLANNING POLICY

(Include Lot number and nearest street intersection).

SUBMISSION ON THE PROPOSED LOCAL PLANNING POLICY

(Give in full your comments any arguments supporting your comments – continue on additional sheets if necessary).

Signed: _____

Date: _____
