

**25) Applicant declaration**

- By making this development application, I declare that all information in this development application is true and correct
  - Where an email address is provided in Part 1 of this form, I consent to receive future electronic communications from the assessment manager and any referral agency for the development application where written information is required or permitted pursuant to sections 11 and 12 of the *Electronic Transactions Act 2001*
- Note: It is unlawful to intentionally provide false or misleading information.*

**Privacy** – Personal information collected in this form will be used by the assessment manager and/or chosen assessment manager, any relevant referral agency and/or building certifier (including any professional advisers which may be engaged by those entities) while processing, assessing and deciding the development application. All information relating to this development application may be available for inspection and purchase, and/or published on the assessment manager’s and/or referral agency’s website. Personal information will not be disclosed for a purpose unrelated to the *Planning Act 2016*, *Planning Regulation 2017* and the *DA Rules* except where:

- such disclosure is in accordance with the provisions about public access to documents contained in the *Planning Act 2016* and the *Planning Regulation 2017*, and the access rules made under the *Planning Act 2016* and *Planning Regulation 2017*; or
- required by other legislation (including the *Right to Information Act 2009*); or
- otherwise required by law.

This information may be stored in relevant databases. The information collected will be retained as required by the *Public Records Act 2002*.

**PART 9 – FOR COMPLETION OF THE ASSESSMENT MANAGER – FOR OFFICE USE ONLY**

Date received:  Reference number(s):

Notification of engagement of alternative assessment manager	
Prescribed assessment manager	
Name of chosen assessment manager	
Date chosen assessment manager engaged	
Contact number of chosen assessment manager	
Relevant licence number(s) of chosen assessment manager	

QLeave notification and payment			
<i>Note: For completion by assessment manager if applicable</i>			
Description of the work			
QLeave project number			
Amount paid (\$)		Date paid (dd/mm/yy)	
Date receipted form sighted by assessment manager			
Name of officer who sighted the form			

X Matthew Ivanov 05.02.2026

Matthew Ivanov