

## Subdivision / Amalgamation Condition Clearance Sheet

**Application:** Freehold (Green Title)  Survey Strata  Amalgamation

| Property Details |  |               |
|------------------|--|---------------|
| Lot No(s):       |  | Street No(s): |
| Street Name:     |  | Suburb:       |

| Landowner Details |  |
|-------------------|--|
| Name(s):          |  |
| Address:          |  |

| Applicant Details (Person submitting clearance who will be the contact for the application) |  |         |
|---|--|---------|
| Name(s) / Company   |  |         |
| Address   |  | Suburb: |
| Contact Number  |  |         |
| Email Address   |  |         |

| WAPC Information       |  |                             |
|------------------------|--|-----------------------------|
| WAPC Reference:        |  |                             |
| Date of WAPC Approval: |  | Deposited / Strata Plan No: |
| No of Lots Approved:   |  | No of Lots to be Cleared:   |

### Required Supporting Information:

- Complete and signed subdivision clearance form; and
- Evidence that conditions have been satisfied; and
- Payment of fees through [Credit Card Authorisation](#) (see Schedule of Fees and Charges on the Town's website).

### Please submit subdivision clearance applications to the Town either:

- in person at the Town of Bassendean Customer Service Centre during office hours (8:30am to 5:00pm Monday to Friday), or
- email [mail@bassendean.wa.gov.au](mailto:mail@bassendean.wa.gov.au), or
- post to Town of Bassendean (PO Box 87, Bassendean WA 6934).

**Conditions Requested for Clearance:**

| <b>WAPC Condition Number</b> | <b>Summary of Condition Description</b> | <b>Evidence that the condition is fulfilled</b> |
|------------------------------|---|---|
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |

**I certify that the requirements of all the conditions on the subdivision approval have been completed:**

Name:

Position of Authority:

Date:

Signature: