City of
Bayswater

Subdivision Clearance Checklist

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Application Details

WAPC Reference:	WAPC Decision Date:
House/Street No:	Street Name:
Suburb:	Postcode:
Contact person for correspondence:	
Phone:	Email:
Clearance requested: Full clearance ☐ Partial clearance ☐, condition(s) _____ only	

Condition Checklist

Deposited / Survey Strata Plan attached ☐

Condition Number	*Condition summary*	*Action undertaken for clearance*	*Supporting information attached*
			Photos ☐
			Other ☐
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