**PROPOSED USE OF RESIDENTIAL ACCOMMODATION BUILDING**

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| --- | --- |
| Address: |  |
| Land Zones: |  |
| Current Land Use: |  |

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| --- |
| **Provide a detailed description of the proposed use of the building** |
|  |
| Identify the number of expected occupants per dwelling/building: |
| Will the building be used by occupants with a disability: |

|  |  |  |  |
| --- | --- | --- | --- |
| **I declare the following in regard to the proposed use of the building** | | | **Comment** |
| Will the building be used by ‘unrelated’ occupants i.e separate  bedrooms will be used by ‘unrelated’ parties | Yes | No |  |
| Are carers facilities proposed? | Yes | No |  |
| Will carers be required for visits | Yes | No |  |
| Will carers be required for overnight care | Yes | No |  |
| Could any occupants require assistance in the event of an  evacuation | Yes | No |  |

|  |  |
| --- | --- |
| **Land Owner’s Name:** | |
| **Signature:** | **Date:** |