**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** |
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|  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 |  |

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