# Local Design Review Scheme for South Australia

### Registration form for a

### **Local Design Review Administrator**

This form is used to register as a Local Design Review Administrator under the Local Design Review Scheme (the Scheme), which is established under section 121 of the *Planning*, *Development and Infrastructure Act* 2016 (the Act).

A Local Design Review Administrator is a council or a group of councils recognised by the Department for Trade and Investment (the Department) to administer Design Review under the Scheme.

You will need approximately fifteen (15) minutes and the following information to complete this form:

- · applicant details
- · confirmation of eligible classes of development

Please note it may take up to three (3) weeks to assess your application.

A registration fee is required to complete your application. The amount of this fee is prescribed in the current version of the *Planning, Development and Infrastructure (Fees)*Notice and also published on the <u>Design Review page of the PlanSA portal</u>. An invoice for this fee will be provided once your registration is accepted.

Registration as a Local Design Review Administrator is for a period of three (3) years from the date of approval.

### How will your information be used and stored?

The information you provide in this form will be used to assess your application and for any purpose envisaged under the Scheme.

All information provided will be stored securely and confidentially, unless otherwise stated in the Scheme.

### Get in touch

Please contact the Office for Design and Architecture SA (ODASA) if you would like to discuss your application:

- · Email: LocalDesignReview@sa.gov.au
- · Phone: 8402 1884 during business hours (9am 5pm weekdays)





# Section 1 Applicant details

Website

| Council 1 (required)                                                                              |                                                                 |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Council name                                                                                      |                                                                 |
| Street address                                                                                    |                                                                 |
| Postal address                                                                                    |                                                                 |
| ABN                                                                                               |                                                                 |
|                                                                                                   |                                                                 |
| Primary contact person<br>This should be the person respon<br>The Department will not publish     | sible for the operation of the Scheme.<br>this information.     |
| First name                                                                                        |                                                                 |
| Surname                                                                                           |                                                                 |
| Position                                                                                          |                                                                 |
| Email                                                                                             |                                                                 |
| Phone                                                                                             |                                                                 |
| Mobile (optional)                                                                                 |                                                                 |
| Public contact details This should be the contact details This information will be publicly Email | s for proponents and members of the public.<br>vavailable.      |
|                                                                                                   |                                                                 |
| Phone                                                                                             |                                                                 |
| Website                                                                                           |                                                                 |
| Council 2 (if applicable)                                                                         |                                                                 |
| Council name                                                                                      |                                                                 |
| Street address                                                                                    |                                                                 |
| Postal address                                                                                    |                                                                 |
| ABN                                                                                               |                                                                 |
|                                                                                                   |                                                                 |
| Primary contact person<br>This should be the person respon<br>The Department will not publish     | asible for the operation of the Scheme.<br>In this information. |
| First name                                                                                        |                                                                 |
| Surname                                                                                           |                                                                 |
| Position                                                                                          |                                                                 |
| Email                                                                                             |                                                                 |
| Phone                                                                                             |                                                                 |
| Mobile (optional)                                                                                 |                                                                 |
| Public contact details This should be the contact details This information will be publicly       | s for proponents and members of the public.<br>v available.     |
| Email                                                                                             |                                                                 |
| Phone                                                                                             |                                                                 |

# Section 1 Applicant details (cont.)

| Council 3 (if applicable)                                                                        |                                                                 |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Council name                                                                                     |                                                                 |
| Street address                                                                                   |                                                                 |
| Postal address                                                                                   |                                                                 |
| ABN                                                                                              |                                                                 |
|                                                                                                  |                                                                 |
| Primary contact person<br>This should be the person respon<br>The Department will not publish    | nsible for the operation of the Scheme.<br>h this information.  |
| First name                                                                                       |                                                                 |
| Surname                                                                                          |                                                                 |
| Position                                                                                         |                                                                 |
| Email                                                                                            |                                                                 |
| Phone                                                                                            |                                                                 |
| Mobile (optional)                                                                                |                                                                 |
|                                                                                                  |                                                                 |
| Public contact details This should be the contact detail This information will be publicly       | ls for proponents and members of the public.<br>y available.    |
| Email                                                                                            |                                                                 |
| Phone                                                                                            |                                                                 |
| Website                                                                                          |                                                                 |
| Council 4 (if applicable)  Council name                                                          |                                                                 |
| Street address                                                                                   |                                                                 |
| Postal address                                                                                   |                                                                 |
| ABN                                                                                              |                                                                 |
|                                                                                                  |                                                                 |
| The Department will not publish                                                                  | nsible for the operation of the Scheme.<br>In this information. |
| First name                                                                                       |                                                                 |
| Surname                                                                                          |                                                                 |
| Position                                                                                         |                                                                 |
| Email                                                                                            |                                                                 |
| Phone                                                                                            |                                                                 |
| Mobile (optional)                                                                                |                                                                 |
| Public contact details This should be the contact detail This information will be publicly Email | s for proponents and members of the public.<br>v available.     |
| Phone                                                                                            |                                                                 |
| Website                                                                                          |                                                                 |
|                                                                                                  |                                                                 |



Please contact ODASA if additional councils are registering as part of this Local Design Review Administrator.

# Section 2 Preferred name A Local Design Review Administrator comprising two or more councils may wish to nominate a shared name for their Local Design Review service. Please specify the name below: Section 3 Eligible classes of development Pursuant to Part 5 of the Planning and Design Code (Table 2 - Specified matters and areas identified under the Planning, Development and Infrastructure Act 2016), a council participating in the Scheme must specify a class or classes of development to be eligible for Local Design Review in their area. Please confirm the class(es) of development that you select to be eligible for the Scheme in your area. If two or more councils are making this application, please specify the eligible classes of development for each council. Council 1 (required)

Council 2 (if applicable) Council 3 (if applicable) Council 4 (if applicable)

### Section 4

## Acknowledgment of the code of conduct

Part 8 of the Scheme outlines the code of conduct, which provides for standards of conduct and professionalism that are to be observed by all persons and bodies operating under the Act.

For the purposes of the Act, all persons and bodies performing a function under the Scheme must carry out, and be seen to carry out, their functions with the highest ethical standards so as to maintain public confidence in the integrity of the Scheme under the Act.

A Local Design Review Administrator may also develop and maintain other code of conduct requirements for the purposes of the Scheme.

These standards and requirements constitute a code of conduct and must be read in conjunction with the requirements under the Act.

The Scheme, including the code of conduct, can be accessed from the PlanSA portal.

| , , , , , , , , , , , , , , , , , , , ,                                                               |
|-------------------------------------------------------------------------------------------------------|
| Please complete the acknowledgment below:                                                             |
| On behalf of (name of council):                                                                       |
|                                                                                                       |
| I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme. |
| On behalf of (name of council):                                                                       |
|                                                                                                       |
| I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme. |
| On behalf of (name of council):                                                                       |
|                                                                                                       |
| I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme. |
| On behalf of (name of council):                                                                       |
|                                                                                                       |
| I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes                |

I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme.



# Section 5

| Vá   | alidation of application                                                                                                                                                                          |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plea | se confirm:                                                                                                                                                                                       |
|      | I/we understand the requirements of the Scheme and confirm that the organisation(s) will perform in accordance with, and provide adequate resources to, successfully satisfy these requirements.  |
|      | I/we have fully and accurately completed this form.                                                                                                                                               |
|      | I/we acknowledge that withholding and/or providing misleading or false information on this form is an offence and may lead to prosecution under the <i>Criminal Code Act</i> 1995 ( <i>Cth</i> ). |

I/we provide permission for the Department to publish information about the

| and eligible classes of development.                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I/we understand that by participating in the Scheme and making Local Design Review available in our council area, that our organisation(s) must accept any valid application |
| for Design Review in relation to an eligible class of development.                                                                                                           |

organisation(s), including the name, contact information, the names of panel members

| Council name     |  |
|------------------|--|
| Name of delegate |  |
| Position         |  |
| Date             |  |
|                  |  |

Signature

### Council 2 (if applicable)

| Council name     |  |
|------------------|--|
| Name of delegate |  |
| Position         |  |
| Date             |  |
|                  |  |

Signature

### Council 3 (if applicable)

| <u> </u>         | , |
|------------------|---|
| Council name     |   |
| Name of delegate |   |
| Position         |   |
| Date             |   |
|                  |   |

Signature

### Council 4 (if applicable)

| Council name     |  |
|------------------|--|
| Name of delegate |  |
| Position         |  |
| Date             |  |
|                  |  |

Signature

### Section 6

# **Submitting your application**

Thank you for applying to register as a Local Design Review Administrator.

Applications may be submitted via:

- · Email: LocalDesignReview@sa.gov.au
- Post: Attn: Local Design Review Team Office for Design and Architecture SA Kaurna Country Level 1, 28 Leigh Street Adelaide SA 5000

Please note that it may take up to three (3) weeks to assess your application. An invoice for the registration fee will be provided at this time.

