**Attachment 5 – Authorised plan-making reporting template**

**Reporting template for authorised LEP amendments**

**Notes:**

* The planning proposal number will be provided by the Department of Planning, Industry and Environment following receipt of the planning proposal.
* The Department will fill in the details of Tables 1 and 3.
* The local plan-making authority is to fill in the details of Table 2.
* If the planning proposal is exhibited more than once, the local plan-making authority should add rows to **Table 2** to include this information.
* The local plan-making authority must notify the relevant contact officer in the regional office in writing of the dates as they occur to ensure the publicly accessible LEP Tracking System is kept up to date.
* The plan should be signed using the following format:

[Name]

[Title]

[Council name]

Delegate of [Council name], the local plan-making authority [date]

* A copy of this completed report must be provided to the Department with the local plan-making authority’s request to have the LEP notified.

**Table 1: To be completed by the Department**

|  |  |
| --- | --- |
| **Stage** | **Date/Details**  |
| Planning proposal number | **PP\_2020\_KEMPS\_001\_00** |
| Date sent to DPIE under section 3.34(1) |  |
| Gateway determination date |  |

**Table 2: To be completed by the local plan-making authority**

|  |  |  |
| --- | --- | --- |
| **Stage** | **Date/Details** | **Notified regional office** |
| Dates draft LEP exhibited |  |  |
| Date of public hearing (if held) |  |  |
| Date draft LEP requested from PCO |  |  |
| Date draft LEP received from PCO |  |  |
| Date PCO Opinion requested |  |  |
| Date PCO Opinion received |  |  |
| Date GIS data or maps provided/requested |  |  |
| Date ePlanning confirmed mapping is suitable and sent to PCO |  |  |
| Date LEP finalised |  |  |
| Date sent to DPIE requesting notification |  |  |

**Table 3: To be completed by the Department**

|  |  |
| --- | --- |
| **Stage** | **Date/Details**  |
| Notification date and details |  |

**Additional relevant information:**