

MEETING DATE	29 April 2020
Panel reference	PPS-2017HCC027 – Central Coast Council – DA/1029/2017 27-61 Nikko Road, Warnervale
Chair	Alison McCabe

	In rela	ation to this matter, I declare	that I have:	
		no known conflict of interes	ot\□ OR	
		an actual $^1 \square$ , potential $^2 \square$ c	or reasonably perceived <sup>3</sup> $\square$ conflict	of interest, as detailed below:
/	Al	Whale	Alison McCabe	29th April 2020
	Signa	ture	Name	Date
	Shoul deter	d a conflict be declared the រ mined by the chair, and cour	panel chair is to ensure appropriate ntersign this form, noting any additi	management measures are in place, as onal measures.
	Chair	Signature	Name	Date

Please return this form to the Planning Panels Secretariat at <a href="mailto:enquiry@planningpanels.nsw.gov.au">enquiry@planningpanels.nsw.gov.au</a>

<sup>&</sup>lt;sup>1</sup> An 'actual' conflict of interests is where there is a direct conflict between a member's duties and responsibilities and their private interests or other duties.

<sup>&</sup>lt;sup>2</sup> A 'potential' conflict of interests is where a panel member has a private interest or other duty that could conflict with their duties as a panel member in the future.

<sup>&</sup>lt;sup>3</sup> A 'reasonably perceived' conflict of interests is where a person could reasonably perceive that a panel member's private interests or other duties are likely to improperly influence the performance of their duties as a panel member, whether or not this is in fact the case.



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Smilalli		
	Sandra Hutton	24/4/2020
Signature	Name	Date
	anel chair is to ensure appropriate tersign this form, noting any addition	management measures are in place, as onal measures.
Chair Signature	Name	Date

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S	Seneral	STEPHEN GOLL	15.4.220.
Signat	ture	Name	Date
		panel chair is to ensure appropriate atersign this form, noting any additi	management measures are in place, as onal measures.
Chair	Signature	Name	Date

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an actual $\Box$ , potential $\Box$ or reasonably perceived $\Box$ conflict of interest, as detailed below:
CL Blu CRAISTOPHER 29/4/2020 Signature Name BURKE Date
Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.
Chair Signature Name Date

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yte Mach Teyer M	elej	29.4.2020
	e leg	29.4.2020 Date
gnature	Name	Date
ignature	Name	Date
gnature hould a conflict be decla	Name red the panel chair is to ensure	Date
hould a conflict be declaretermined by the chair, a	Name  red the panel chair is to ensure and countersign this form, noti	Date
or o	Name  red the panel chair is to ensure and countersign this form, noti	Date  e appropriate management measures are in place, as ing any additional measures.

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