

Declaration of Interest

PUBLIC BRIEFING DATE	4 August 2022
Panel reference	PPSHCC-120 – Lake Macquarie – DA/226/2022 81 Trinity Point Drive, Morisset Park
Chair	Alison McCabe

In relation to this matter, I decla		
no known conflict of inter	rest 🗹 OR	
an actual $^1\square$, potential $^2\square$	or reasonably perceived³ ☐ conflic	t of interest, as detailed below:
-		
Amelne	Alison Mc Cabe	26 7 2022
Signature	Name	Date
170/		Date
Should a conflict be declared th	e panel chair is to ensure appropriat untersign this form, noting any addi	e management measures are in place, as
Should a conflict be declared th		e management measures are in place, as
Should a conflict be declared th determined by the chair, and co		e management measures are in place, as tional measures.

¹ 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.

² 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.

³ 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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Chair Signature

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Chair	Alison McCabe	
In relation to this matter, I o	Jeclare that I have:	
no known conflict of	interest ⊠ OR	
an actual $^1\square$, potenti	$al^2 \square$ or reasonably perceived $^3 \square$ conflict	of interest, as detailed below:
NIL		
Rogert		
Frant	Juliet Grant	4 August 2022
Signature	Name	Date
	d the panel chair is to ensure appropriate d countersign this form, noting any addition	=

Please return this form to the Planning Panels Secretariat at $\underline{enquiry@planningpanels.nsw.gov.au}$

Name

Date

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Chair	Alison McCabe		
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\sim	<i>i</i>		
Dougl	S ANA.		
gnature	Nar	ne Douglas LORD	Date25/07/2022
			nt measures are in place, as
etermined by the chair, ar	id countersign this form, r	oting any additional measu	res.
_			
nair Signature	Name	Date	

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Signature	SAZON PA	1m 4/6/2022	
Should a conflict be de	Name	Date appropriate management measures are in pla	ace, a
Signature Should a conflict be dedetermined by the chain	Name clared the panel chair is to ensure ir, and countersign this form, not	Date e appropriate management measures are in plang any additional measures.	ace, a

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