

ELECTRONIC DETERMINATION	Papers circulated electronically on 8 October 2020	
Panel reference	PPSHCC-30 – Central Coast – DA/914/2019 5 Mooramba Ave, Tuggerah	
Chair	Alison McCabe	

In relation to this matter, I declare that I have:

no known conflict of interest 🖾 OR

an actual<sup>1</sup>  $\Box$ , potential<sup>2</sup>  $\Box$  or reasonably perceived<sup>3</sup>  $\Box$  conflict of interest, as detailed below:

Alison McCabe

12.10.2020 .....

Signature

Name

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

Please return this form to the Planning Panels Secretariat at enquiry@planningpanels.nsw.gov.au

<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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NIL			

Frant

.....Juliet Grant......14 October 2020.....

Signature

Name

Date

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Chair Signature Name Date

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Signature

.....

Che Bran.

Name Clare Brown

.....

Date 9 October 2020

.....

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Chair Signature	Name	Date

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S. 10. 2020. Kyte Mac Cress

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Date

Name

Signature

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Chair Signature

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Signature Name Date Date Dis R. Christoph & Burk = 14/10/20 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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