

ELECTRONIC DETERMINATION	Papers circulated electronically on 8 June 2022.
Panel reference	PPSNTH-146 – Coffs Harbour – 0537/22DA 72 Marcia Street, Coffs Harbour
Chair	Paul Mitchell

In rela	ation to this matter, I declare	e that I have:	
	no known conflict of interes	st ⊠ OR	
	an actual $\square$ , potential $\square$	or reasonably perceived³ □ conflict	of interest, as detailed below:
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Ro	a fiir		
	C C	Paul Mitchell OAM	14 June 2022
Signa	ture	Name	Date
	· ·	panel chair is to ensure appropriate ntersign this form, noting any additi	management measures are in place, as onal measures.
Chair	Signature	Name	Date
Pleas	e return this form to the Plar	nning Panels Secretariat at <u>enquiry@</u>	စ္planningpanels.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.

 $<sup>^{2}</sup>$  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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an actual¹ □, poter	ntial <sup>2</sup> □ or reasonably perceive	ed <sup>3</sup> ☐ conflict of interest, as detailed below:	
Parelow	STEMEN G	8.6.22.	
Signature	Name	Date	
	red the panel chair is to ensure and countersign this form, noti	e appropriate management measures are in pla ing any additional measures.	ce, as
Chair Signature	Name	Date	

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P) Pollons	Penny Holloway	12 June 2022	
Signature	Name	Date	
	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 Plan	nning Panels Secretariat at <u>enquiry@</u>	Oplanningpanels.nsw.gov.au	

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11/1/en.	se Amor.	4/6/22.
Signature	Name	Date
Should a conflict be deci	ared the panel chair is to ensure and countersign this form, notin	appropriate management measures are in pla
	and countersign this form, noth	ng any additional measures.

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	Name	Date	
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