


Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 5 December 2022
Panel reference	PPSNTH-151 – Clarence Valley – DA2022/0152 255 Orchard Road, Mountain View
Chair	Paul Mitchell OAM

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

no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



...

.....Paul Mitchell

7/12/22.....

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

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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Penny Holloway

6 December 2022

Signature

Name

Date

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Chair Signature

Name

Date

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Planning Panels

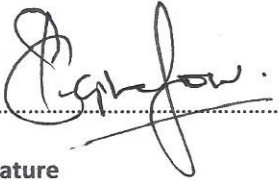
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Chair	Paul Mitchell OAM

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Signature

STEPHEN GOW
Name

5/12/22
Date

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.....
Chair Signature

.....
Name

.....
Date

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Signature

Greg Clancy
Name

10 December 2022
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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Signature

**Ian Tiley
Name**

**12 December 2022
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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