

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 15 September 2023.
Panel reference	PPSNTH-220 – Clarence Valley – DA2023/0262 - 2A Prince Street GRAFTON - Redevelopment of Grafton Rowing Club including demolition
Chair	Dianne Leeson

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

no known conflict of interest oxtimes OR

an actual ¹ \Box , potential ² \Box or reasonably perceived ³ \Box conflict of interest, as detailed below:

Breeson	Dianne Leeson	21 September 2023	
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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Chair	Dianne Leeson

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

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.....

Michael Wright

20 September 2023

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

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Brender	
	Stephen Gow

15 September 2023

.....

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

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Date

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