

ELECTRONIC DETERMINATION	Papers circulated electronically on 18 August 2021.
Panel reference	PPSNTH-89 – Port Macquarie Hastings – DA2021-175 99 Boundary Street, Port Macquarie
Chair	Paul Mitchell

In relation to this matter, I declare	that I have:	
no known conflict of interes	t ⊠ OR	
an actual 1 \square , potential 2 \square α	or reasonably perceived³ □ conflict	of interest, as detailed below:
-		
Ratin		
	Paul Mitchell	24 August 2021
Signature	Name	Date
	panel chair is to ensure appropriate stersign this form, noting any addition	management measures are in place, as onal measures.
Chair Signature	Name	Date

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

 $^{^{1}}$ 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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P) Pollons	Penny Holloway	22 August 2021
Signature	Name	Date
	anel chair is to ensure appropriate in tersign this form, noting any addition	management measures are in place, as onal measures.
Chair Signature	Name	Date

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Am	Heather Warton	24 August 2021
Signature	Name	Date
	panel chair is to ensure appropria Intersign this form, noting any add	te management measures are in place, as litional measures.
Chair Signature	Name	Date

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Chair Signature	Name	Date	
			-
		ure appropriate management measures are in place, as noting any additional measures.	
Signature	Name	Date	
T JAJO	David Crofts		
			_
			- -
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The Mana	Eus TONY MCHAMA	21.8.21 Date
Signature Should a conflict be	Name	Date appropriate management measures are in place, a
Signature Should a conflict be	Name declared the panel chair is to ensure hair, and countersign this form, notir	Date appropriate management measures are in place, a

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