

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated on 9 September 2024
Panel reference	PPSSCC-515 – City of Parramatta – DA/764/2023 – 26X Stanley Road, Epping
Chair	Abigail Goldberg

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:



Abigail Goldberg

9 September 2024

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.....

.....

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.

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

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David Ryan

9 September 2024

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

no known conflict of interest ☒ OR

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Steve Murray

9 September 2024

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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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