

| ELECTRONIC DETERMINATION | Papers circulated electronically on 28 February 2025. | |
|-----------------------------|--|--|
| Panel reference | PPSSNH–572 – Lane Cove – DA146/2024 12 Marshall Avenue, St Leonards | |
| Chair | Peter Debnam | |

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

no known conflict of interest oxtimes OR

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

Peter Debnam

6 March 2025

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 Team 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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Brian Kirk

Signature

Name

6 March 2025

Date

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Chair Signature

.....

Name

Date

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| Sprich | Eugene Sarich | 28/2/2025 |
|---------|---|---|
| gnature | Name | Date |
| | clared the panel chair is to ensure appro r, and countersign this form, noting any | opriate management measures are in place, a y additional measures. |

Chair Signature

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Name

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

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Vivienne Albin

5 March 2025

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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