

Declaration of Interest

ELECTRONIC DETERMINATION	26 September 2025 / Papers circulated electronically on 17 September 2025.
Panel reference	PPSSNH-617 – North Sydney – DA 350/24 20 Berry Street, North Sydney NSW 2060
Chair	Peter Debnam

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:


..... Peter Debnam 26 September 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.

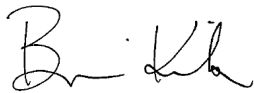
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In relation to this matter, I declare that I have:

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.....

Brian Kirk

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

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 Stephen O'Connor 26 September 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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