

Declaration of Interest

ELECTRONIC DEFERRAL	15 July 2026 / Papers circulated electronically on 1 July 2026.
Panel reference	PPSSNH-737 – North Sydney – DA 360/2025 at 70-76 Alexander Street, Crows Nest NSW 2065
Chair	Peter Debnam (Chair)

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

15 July 2026

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.

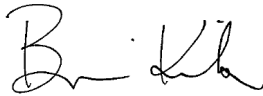
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Chair	Peter Debnam (Chair)

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

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.....

Brian Kirk

15 July 2026

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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an actual⁷ ☐, potential⁸ ☐ or reasonably perceived⁹ ☐ conflict of interest, as detailed below:


 Sue Francis 15 July 2026
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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