

## **Declaration of Interest**

ELECTRONIC DETERMINATION	Papers circulated electronically on 11 March 2025.	
Panel reference	PPSSTH-449 – SHELLHARBOUR – DAM0118/2024 44 Buckleys Road DUNMORE 2529	
Chair	Chris Wilson	

	this matter, I declare wn conflict of intere	/	
an acti	ual¹ □, potential² □	or reasonably perceived³ □	conflict of interest, as detailed below:
6			
Signature		CNR 14 WILL	LSo~ 11 . 7 . Z.5 Date
Should a conf determined b	flict be declared the by the chair, and cou	panel chair is to ensure appr ntersign this form, noting an	propriate management measures are in place, as my additional measures.
Chair Signatu	ire	Name	 Date

Please return this form to the Planning Panels Secretariat at <a href="mailto:enquiry@planningpanels.nsw.gov.au">enquiry@planningpanels.nsw.gov.au</a>

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> 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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	Juliet Grant Name	<b>Date</b> ppropriate management measures are in place	e, as
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an actual¹□, po	otential $^2\square$ or reasonably perceived	$^3$ $\square$ conflict of interest, as detailed below:	
	ct of interest $oxtimes$ OR		
no known confli			

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In relation to this matter,	I declare that I have:		
no known conflict o	of interest 🗵 OR		
an actual¹□, poter	ntial <sup>2</sup> □ or reasonably perceived <sup>3</sup> □	conflict of interest, as detailed below:	
C. A. Christma			
	Grant Christmas	11 March 2025	
Signature	Name	Date	
	red the panel chair is to ensure appo and countersign this form, noting ar	ropriate management measures are in place, any additional measures.	ıS
Chair Signature	Name	Date	

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