



Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 21 April 2026.
Panel reference	PPSSTH-576 - COOTAMUNDRA-GUNDAGAI - DA 2026/005 7-31 Morris Street COOTAMUNDRA 2590
Chair	Chris Wilson

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:

Christopher Wilson

21 April 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 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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..... Juliet Grant 22 April 2026
Signature Name Date

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.....
Chair Signature Name Date

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Signature

Grant Christmas

Name

21 April 2026

Date

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Chair Signature

Name

Date

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Planning Panels


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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:

.....
Signature 

.....
Name **TONY DONOFRUE**

.....
Date **22/4/26.**

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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