

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 9 December 2022	
Panel reference	PPSSWC-124 – Penrith – DA20/0858 - 5-17 Lawson Street, Penrith	
Chair	Justin Doyle	

in relati	In relation to this matter, I declare that I have:					
r	no known conflict of interest $oxtimes$ OR					
an $\operatorname{actual^1}\Box$, $\operatorname{potential^2}\Box$ or reasonably $\operatorname{perceived^3}\Box$ conflict of interest, as detailed below						
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Bhu	- Hg-)					
		David Kitto	27 February 2023			
Signatu	ire	Name	Date			
		anel chair is to ensure appropriate i tersign this form, noting any additio	management measures are in place, as onal measures.			
Chair Si	ignature	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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n	no known conflict of interest $oxtimes$ OR					
a	an actual 1 \square , potential 2 \square or reasonably perceived 3 \square conflict of interest, as detailed below:					
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_						
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A						
		Justin Doyle	27 February 2023			
Signatu	re	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 Si	gnature	Name	Date			

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Burny					
4	Louise Camenzuli	27 February 2023			
Signature	Name	Date			
	ared the panel chair is to ensure a and countersign this form, noting	ppropriate management measures are in place, as g any additional measures.			
Chair Signature	Name	Date			
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