

ELECTRONIC DETERMINATION	Papers circulated electronically on 6 June 2025.
Panel reference	PPSSWC-500 – Camden – DA/2024/569/1 – 1 Civic Way, Oran Park
Chair	Justin Doyle

In relation to this matter, I declare	that I have:				
no known conflict of interes	no known conflict of interest $oxtimes$ OR				
an actual¹ □, potential² □ o	an $\operatorname{actual^1}\Box$ , potential <sup>2</sup> $\Box$ or reasonably perceived <sup>3</sup> $\Box$ conflict of interest, as detailed below:				
JiABI.	Justin Doyle	20 June 2025			
Signature	Name	Date			
	anel chair is to ensure appropriate itersign this form, noting any addition	management measures are in place, as onal measures.			
Chair Signature	Name	Date			

<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.

 $<sup>^{2}</sup>$  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.



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

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Mhitz	David Kitto	20 June 2025	
Signature	Name	Date	
	ed the panel chair is to ensure and countersign this form, noting	opropriate management measures are in p any additional measures.	olace, as
Chair Signature	Name	Date	

<sup>&</sup>lt;sup>7</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.

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	Dung	Louise Camenzuli	15 June 2025	
7	P			
Signatu	ıre	Name	Date	
		e panel chair is to ensure appropriat untersign this form, noting any addi	e management measures are in place, as itional measures.	

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Declaration of Interest		
Chair Signature	Name	Date

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