

Declaration of Interest

ELECTRONIC DETERMINATION	22 September 2026 / Papers circulated electronically on 11 September 2026.
Panel reference	PSWES-442 – Warrumbungle – DA 7/2026 at 26 Edwards Street, Coonabarabran NSW 2357
Chair	Garry Fielding (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:



.....

Garry Fielding

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

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an actual⁴ ☐, potential⁵ ☐ or reasonably perceived⁶ ☐ conflict of interest, as detailed below:



Clare Brown

21 September 2026

Signature

Name

Date

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.....

Chair Signature

Name

Date

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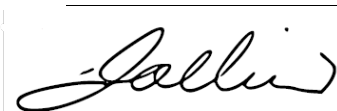
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In relation to this matter, I declare that I have:

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



Joe Woodward

21 September 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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