

Site Analysis Report

Name:		Site Address:	
Council:		Planning Officer:	Phone No:
Zoning:		Ref #	
Intended use of the site.			
Overlays / Precincts / Schedules:		yes <input type="checkbox"/> no <input type="checkbox"/> Ref #	
Restrictions: (heritage)		yes <input type="checkbox"/> no <input type="checkbox"/> Ref #	
Bush fire management requirements		yes <input type="checkbox"/> no <input type="checkbox"/> Ref #	
Low Level Flooding / Inundation		yes <input type="checkbox"/> no <input type="checkbox"/> Ref #	
Is the intended use: permitted <input type="checkbox"/> discretionary <input type="checkbox"/> prohibited <input type="checkbox"/>			
Title Reference: V F		Schedule of Easements yes <input type="checkbox"/> no <input type="checkbox"/>	Copy to file <input type="checkbox"/>
Covenants: yes <input type="checkbox"/> no <input type="checkbox"/>		Copy to file <input type="checkbox"/>	
Lot Size:		Development overview summary	
Is a building envelope on the title? yes <input type="checkbox"/> no <input type="checkbox"/>		Planning scheme requirements	
Are there easements marked on title? yes <input type="checkbox"/> no <input type="checkbox"/>		Setbacks Front _____ Side _____ Rear _____ Wall height / side setback _____ / _____	
Have the boundaries been checked by a surveyor? yes <input type="checkbox"/> no <input type="checkbox"/>		Maximum building height From natural ground level vertical to:	
Are the boundaries to be checked? yes <input type="checkbox"/> no <input type="checkbox"/>		Top of roof _____	
Any council or other services affecting the site? (underground pipes, cables, etc) (Dial Before You Dig) yes <input type="checkbox"/> no <input type="checkbox"/>		Wall height to underside of eaves _____	
Any vegetation or trees affecting the site? yes <input type="checkbox"/> no <input type="checkbox"/>		Other _____	
Are there any special restrictions affecting the intended use? (Flora and fauna, bird strike, coastal, etc) yes <input type="checkbox"/> no <input type="checkbox"/>		Max number of storeys _____	
Are there any sub division approval conditions affecting the site? yes <input type="checkbox"/> no <input type="checkbox"/>		Max site cover _____	
Copy to file <input type="checkbox"/>		Min private open space _____	
Serviced Site		Min number of parking spaces req. _____	
Water yes <input type="checkbox"/> no <input type="checkbox"/>		Vehicle on site turning required yes <input type="checkbox"/> no <input type="checkbox"/>	
Sewer yes <input type="checkbox"/> no <input type="checkbox"/>		Other _____	
Stormwater yes <input type="checkbox"/> no <input type="checkbox"/>		Other restrictions affecting the site: (list)	
Electricity yes <input type="checkbox"/> no <input type="checkbox"/>		Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	
Un serviced site		Existing alteration to site: yes <input type="checkbox"/> no <input type="checkbox"/>	
A.W.T.S yes <input type="checkbox"/> no <input type="checkbox"/>		Cut <input type="checkbox"/> Fill <input type="checkbox"/>	
Septic yes <input type="checkbox"/> no <input type="checkbox"/>			

What else do I need to consider?

Site slope
Flat

Moderate

Steep

Aspect / Orientation
Northerly

Easterly

Southerly

Westerly

Any neighbouring overshadowing?

What is the level of privacy for the property?

What are the views / outlook like?

What do I know about the soil / foundation type?

What is / will be the driveway access like?

How would I summarise the property?