

# Development Incentives Policy – 1 August 2017 to 14 May 2018



## Application Form

**Privacy Notice:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing and assessing your application made under Council's Development Incentives Policy. Some of this information may be used by Rockhampton Regional Council for the purpose of developing economic development strategies for the region. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

**This form is to be completed when applying for incentives as set out in the Development Incentives Policy.**

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Customer Details		
Organisation name:		
Contact name:		
First	Middle	Last
Website address:	ABN/ACN:	
Postal address:		
Preferred contact number:	Email:	
Declaration		
I/We understand that:		
<ol style="list-style-type: none"> <li>The Development Incentives program does not replace the function or application of Adopted Infrastructure Charge Resolution (No. 2), Adopted Infrastructure Charges Resolution (No. 3), Adopted Infrastructure Charges Resolution (No. 4) or Adopted Infrastructure Charges Resolution (No. 5) or any representations made against an Infrastructure Charge Notice that may result in a Negotiated Infrastructure Charge Notice;</li> <li>It is not the purpose of the Development Incentives Policy to enhance the viability of marginal and/or speculative development. Council reserves the right to approve or refuse applications made under the Development Incentives Policy at Council's sole discretion;</li> <li>Submission of a signed application does not guarantee financial incentive approval for either all, or part of, the incentive being sought; and</li> <li>Terms and conditions of financial incentive will be strictly adhered to and no extensions of time for compliance will be granted under any circumstances.</li> </ol>		
I/We, the undersigned, authorise Council to undertake any necessary due diligence and declare that all details provided in this application are correct to the best of my ability. I/We understand Council's privacy statement and policy on confidentiality.		
Name:	Signature:	Date:
Existing Business Details		
Number of years trading:	Number of years trading under current owner:	
Current level of capital investment (\$):	Current annual business turnover (\$):	
Number of full time employees:	Number of part time employees:	Total full time equivalent employees:
Industry sector (eg education, health, manufacturing):		
Business nature (eg core products and services):	Regional, Intrastate, Interstate and/or International Markets:	

<b>OFFICE USE ONLY</b>	Date received:	CSO:
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## Project Outcomes

Development application reference number:

Project capital cost (\$):

Describe the overall project and/or development:

Project location (street address):

Lot number:

Plan number:

Assessment number:

Projected additional annual  
business turnover (\$):

Year 1

Year 2

Year 3

Projected additional jobs  
(FTE):

Year 1

Year 2

Year 3

Industry sector (eg education, health, manufacturing):

Project commencement date:

Project completion date:

What benefit will the project generate for your business?

What other benefits will the project generate for the Rockhampton regional economy?

Are there any other regional benefits that this project will generate?

Who are your key project partners and suppliers?

What % or \$ of local suppliers and  
contractors will be used in the project?

% local suppliers:

\$ local suppliers inputs:

What % or \$ of local suppliers and contractors will be used in the ongoing business?	% local suppliers:	\$ local suppliers inputs:
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Provide details of any supply chain opportunities that might arise from this project:

**Development Incentives Sought**

**Part 1 Infrastructure Charges Repayment**

Land Use	Maximum Concession	Concession Requested
Aged and Retirement Facility	75%	<input type="checkbox"/>
Destination Tourism Facility	75%	<input type="checkbox"/>
Education and Training Establishment	75%	<input type="checkbox"/>
Farm Stay Accommodation	75%	<input type="checkbox"/>
Medical, Health and Community Services	75%	<input type="checkbox"/>

**Part 2 General Incentives**

Development facilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Supporting Documentation**

Please remember to provide the following supporting documentation when submitting this form:

- Copy of business and project plan
- Any other documentation to support the application