

Statement of Shadow Flicker Consent

Project: Moreton Hill Wind Farm
Applicant: MHWF Nominees Pty Ltd
Council LGA: Golden Plains Shire Council
Planning Permit Application for: Wind Energy Facility

Details of the Property the subject of the Application:

Name of the owner(s) of the Property:

Dwelling ID:

Address of Dwelling:

Title particulars:

SPI	Volume/Folio

I, as the owner of the Property, declare that:

- I have been notified of the details of the estimated impacts to the Dwelling from shadow flicker as a result of the operation of the wind energy facility, and
- I consent to shadow flicker impacts being experienced immediately surrounding the area of the Dwelling above 30 hours per year to a maximum of 80 hours per year.

Signed by the Owner of the Property

Signature

Signature

Name (BLOCK LETTERS)

Name (BLOCK LETTERS)

Dated

Dated

24/2/26

24/2/26

**ADVERTISED
PLAN**

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Signature



Name (BLOCK LETTERS)

26.2.26
Dated

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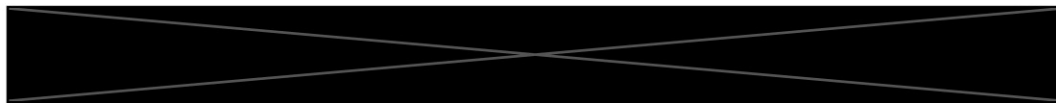
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Signature

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Name (BLOCK LETTERS)

25.02.26

Dated

Name (BLOCK LETTERS)

25.02.26

Dated