

**PP242/2019-1**

**12 Gallipoli Parade APOLLO BAY**

**Lot: 16 LP: 20996 V/F: 7688/059**

**Development of Mural on Wall**

**Apollo Bay RSL**

**Officer - Vikram Kumar**

# **EXHIBITION FILE**

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Submissions to this planning application will be accepted until a decision is made on the application.

If you would like to make a submission relating to a planning permit application, you must do so in writing to the Planning Department



**Colac Otway**  
SHIRE

Planning Enquiries  
Phone: (03) 5232 9400  
Email: [info@colacotway.vic.gov.au](mailto:info@colacotway.vic.gov.au)  
Web: [www.colacotway.vic.gov.au](http://www.colacotway.vic.gov.au)

**Office Use Only**

VicSmart?

Specify class of VicSmart application:

Application No.:

Date Lodged: / /

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# Application for a Planning Permit

If you need help to complete this form, read MORE INFORMATION at the back of this form.

**▲** Any material submitted with this application, including plans and personal information, will be made available for public viewing, including electronically, and copies may be made for interested parties for the purpose of enabling consideration and review as part of a planning process under the *Planning and Environment Act 1987*. If you have any concerns, please contact Council's planning department.

**▲** Questions marked with an asterisk (\*) must be completed.

**▲** If the space provided on the form is insufficient, attach a separate sheet.

**i** Click for further information.

Clear Form

## Application Type

Is this a VicSmart application?\*

No  Yes

If yes, please specify which VicSmart class or classes:.....

**▲** If the application falls into one of the classes listed under Clause 92 or the schedule to Clause 94, it is a VicSmart application.

## Pre-application Meeting

Has there been a pre-application meeting with a Council planning officer?

No  Yes

If 'Yes', with whom?:

Date:

day / month / year

## The Land **i**

Address of the land. Complete the Street Address and one of the Formal Land Descriptions.

Street Address \*

Unit No.:

St. No.: 12

St. Name: GALLIPOLI PDE

Suburb/Locality: APOLLO BAY

Postcode: 3233

Formal Land Description \*

Complete either A or B.

**▲** This information can be found on the certificate of title

If this application relates to more than one address, attach a separate sheet setting out any additional property details.

A Lot No.: 16  Lodged Plan  Title Plan  Plan of Subdivision

No.: 020996

OR

B Crown Allotment No.:

Section No.:

Parish/Township Name:

EMAIL CORRESPONDANCE WITH VIKRAM KUMAR + BLAITHIN BUTLER  
6 MAY 19 + 27 MAY RESPECTIVELY

## The Proposal

**⚠** You must give full details of your proposal and attach the information required to assess the application. Insufficient or unclear information will delay your application.

**i** For what use, development or other matter do you require a permit? \*

PAINING OF A MURAL ON THE BUILDING WALL THAT FACES PENGILLEY AVENUE.

COST NOT KNOWN AT THIS STAGE. ARTIST IMPRESSIONS WILL BE AVAILABLE UPON PERMIT GRANT.

Provide additional information about the proposal, including: plans and elevations; any information required by the planning scheme, requested by Council or outlined in a Council planning permit checklist; and if required, a description of the likely effect of the proposal.

**i** Estimated cost of any development for which the permit is required \*

Cost \$

**⚠** You may be required to verify this estimate. Insert '0' if no development is proposed.

If the application is for land within metropolitan Melbourne (as defined in section 3 of the *Planning and Environment Act 1987*) and the estimated cost of the development exceeds \$1 million (adjusted annually by CPI) the Metropolitan Planning Levy must be paid to the State Revenue Office and a current levy certificate must be submitted with the application. Visit [www.sro.vic.gov.au](http://www.sro.vic.gov.au) for information.

## Existing Conditions **i**

Describe how the land is used and developed now \*

For example, vacant, three dwellings, medical centre with two practitioners, licensed restaurant with 80 seats, grazing.

ADOLLO BAY RSL  
BLANK BROWN BRICK WALL

Provide a plan of the existing conditions. Photos are also helpful.

## Title Information **i**

Encumbrances on title \*

Does the proposal breach, in any way, an encumbrance on title such as a restrictive covenant, section 173 agreement or other obligation such as an easement or building envelope?

- Yes (If 'yes' contact Council for advice on how to proceed before continuing with this application.)
- No
- Not applicable (no such encumbrance applies).

Provide a full, current copy of the title for each individual parcel of land forming the subject site. The title includes: the covering 'register search statement', the title diagram and the associated title documents, known as 'instruments', for example, restrictive covenants.

## Applicant and Owner Details **i**

Provide details of the applicant and the owner of the land.

### Applicant \*

The person who wants the permit.

Name:		
Title: MR	First Name: PAUL	Surname: BROCK
Organisation (if applicable): APOLLO BAY RSL		
Postal Address:		If it is a P.O. Box, enter the details here:
Unit No.:	St. No.:	St. Name:
Suburb/Locality:		State:
		Postcode:

Please provide at least one contact phone number \*

Contact information for applicant OR contact person below	
Business phone:	Email: paulbrock23b@gmail.com
Mobile phone: 0477 123 329	Fax:

Where the preferred contact person for the application is different from the applicant, provide the details of that person.

Contact person's details*		Same as applicant <input checked="" type="checkbox"/>
Name:		
Title:	First Name:	Surname:
Organisation (if applicable): RETURNED + SERVICES LEAGUE OF AUST (VIC BRANCH)		
Postal Address:		If it is a P.O. Box, enter the details here:
Unit No.:	St. No.: 4	St. Name: COLLINS ST
Suburb/Locality: MELB		State: VIC
		Postcode: 3000

### Owner \*

The person or organisation who owns the land

Where the owner is different from the applicant, provide the details of that person or organisation.

Name: see above		Same as applicant <input type="checkbox"/>
Title:		
First Name:	Surname:	
Organisation (if applicable):		
Postal Address:		If it is a P.O. Box, enter the details here:
Unit No.:	St. No.:	St. Name:
Suburb/Locality:		State:
		Postcode:
Owner's Signature (Optional):		Date:
		day / month / year

## Information requirements

Contact Council's planning department to discuss the specific requirements for his application and obtain a planning permit checklist.

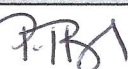
Is the required information provided?

Yes  No

## Declaration **i**

This form must be signed by the applicant \*

**⚠** Remember it is against the law to provide false or misleading information, which could result in a heavy fine and cancellation of the permit.

I declare that I am the applicant; and that all the information in this application is true and correct; and the owner (if not myself) has been notified of the permit application.	
Signature: 	Date: 1 OCT 2019
	day / month / year



# Imaged Document Cover Sheet

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LP 20996

EDITION 2

PLAN MAY BE LODGED  
16-3 -1951

2 SHEETS  
SHEET 1

PLAN OF SUBDIVISION  
CROWN ALLOTMENTS 17A, 17B, 17C, 17D & 17E  
PARISH OF KRAMBRUK  
COUNTY OF POLWARTH

VOL. 3628 FOL. 573  
VOL. 3628 FOL. 574  
VOL. 3628 FOL. 575  
VOL. 3628 FOL. 576  
VOL. 3628 FOL. 577

Measurements are in Feet & Inches  
Conversion Factor  
FEET x 0.3048 = METRES

STREET NAME AMENDED  
FROM: HOBSON STREET  
TO: GALLIPOLI PARADE  
WIDE: GAZ. 1962 P. 4085  
DATE 15. 3. 1963

NOTATIONS

ENCUMBRANCES  
AS TO THE LAND MARKED E-2  
THE CARRIAGEWAY EASEMENT  
CREATED IN INSTRUMENT  
No 2114182

REFERENCE MARKS ARE GALV. IRON PIPES 12"x 1/2" E-2

DEPTH LIMITATION: 50 FEET

COLOUR CODE

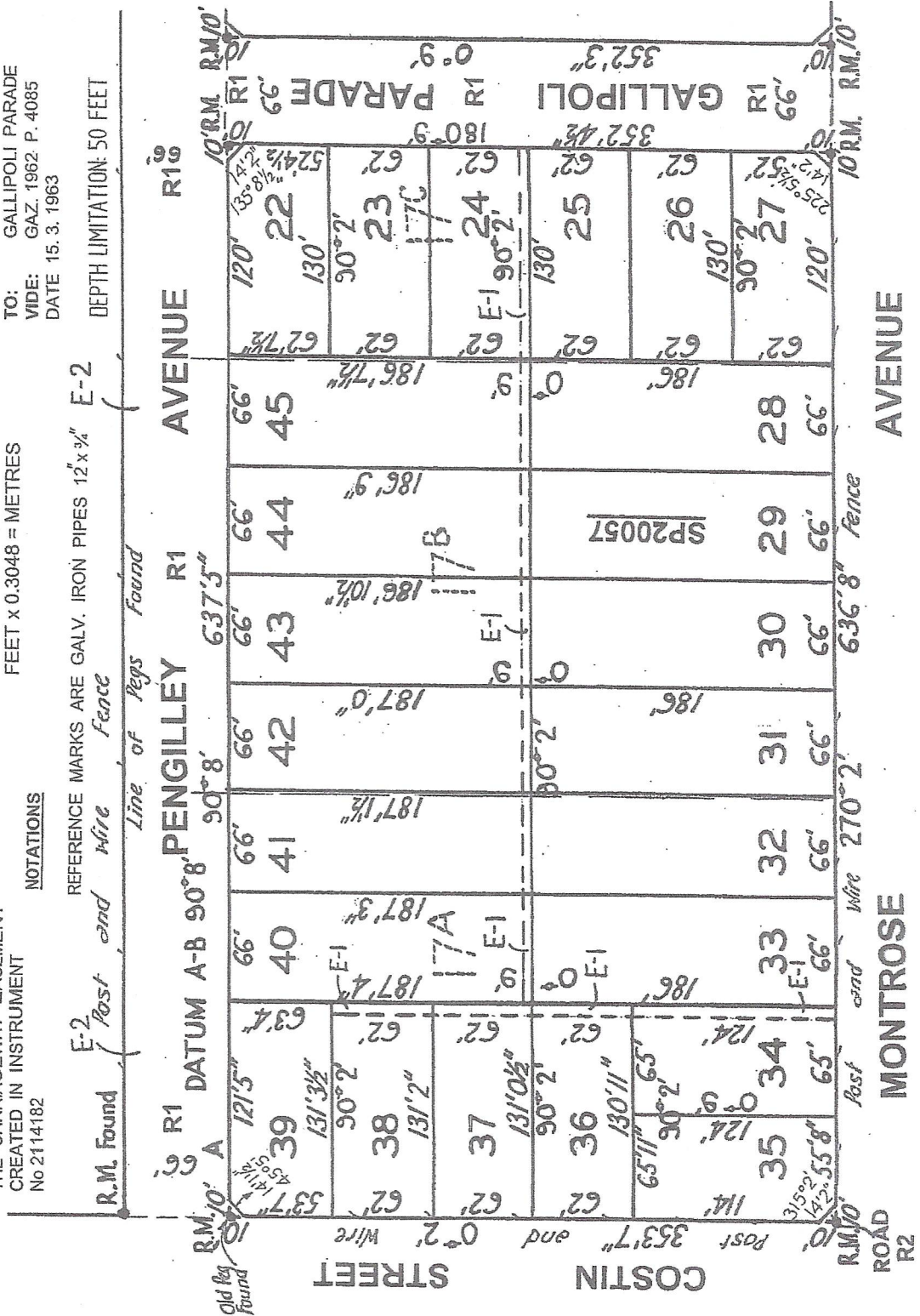
E-1 = BLUE  
R1, R2, R3 & E-2 = BROWN

APPROPRIATIONS

THE LAND COLOURED BLUE  
IS APPROPRIATED OR SET APART  
FOR EASEMENTS OF DRAINAGE  
AND IS 6 FEET WIDE

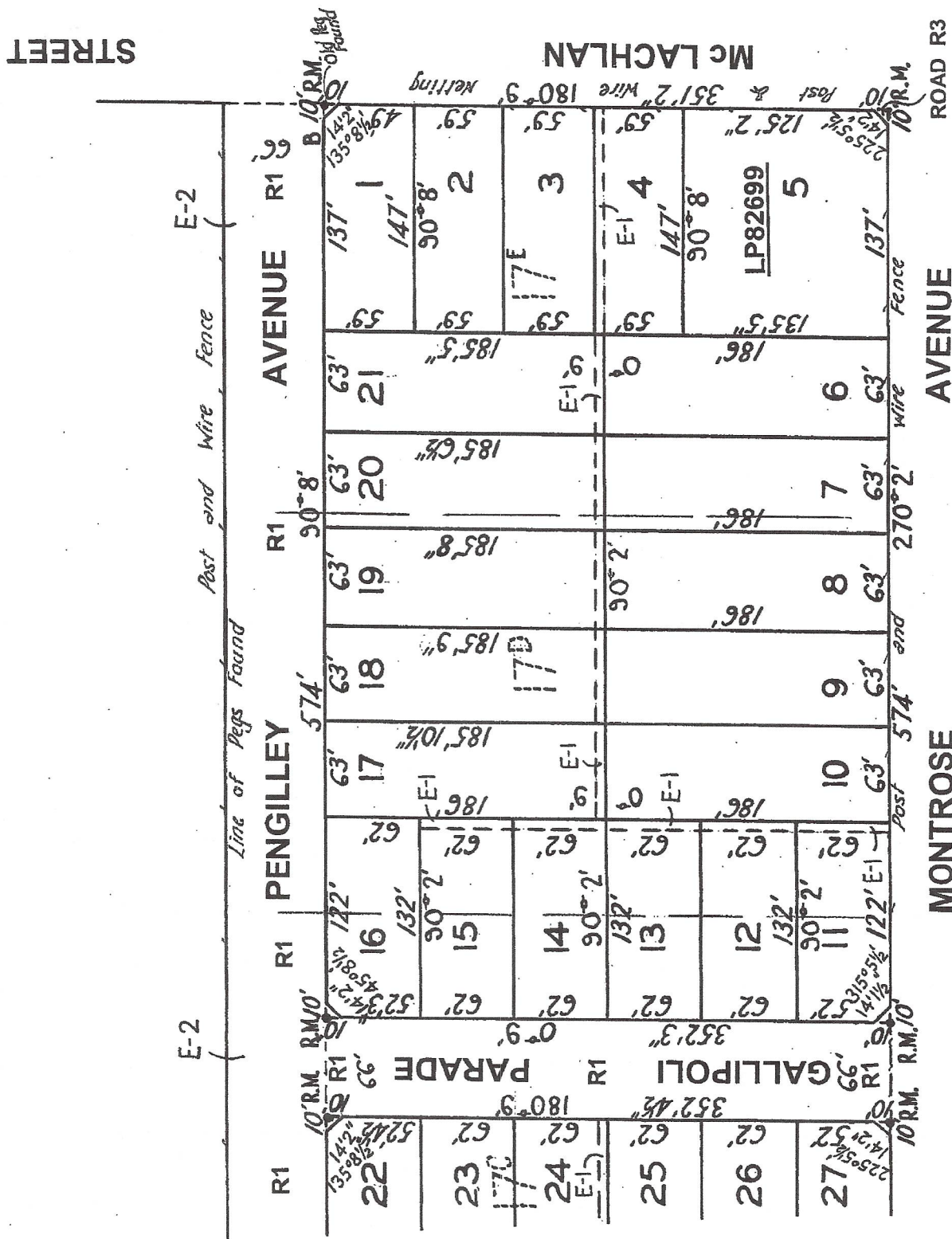
THE LAND COLOURED BROWN IS  
APPROPRIATED OR SET APART  
FOR EASEMENTS OF WAY &  
DRAINAGE

SEE SHEET 2



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**REGISTER SEARCH STATEMENT (Title Search) Transfer of Land Act 1958** Page 1 of 1

VOLUME 07688 FOLIO 059

Security no : 124078621452D  
Produced 31/07/2019 02:51 PM

**LAND DESCRIPTION**

Lot 16 on Plan of Subdivision 020996.  
PARENT TITLES :  
Volume 03628 Folio 575 to Volume 03628 Folio 576  
Created by instrument 2313968 28/06/1950

**REGISTERED PROPRIETOR**

Estate Fee Simple  
Sole Proprietor  
RETURNED AND SERVICES LEAGUE OF AUSTRALIA (VICTORIAN BRANCH) INC of 4  
COLLINS STREET MELBOURNE VIC 3000  
AH930836Y 05/05/2011

**ENCUMBRANCES, CAVEATS AND NOTICES**

Any encumbrances created by Section 98 Transfer of Land Act 1958 or Section 24 Subdivision Act 1988 and any other encumbrances shown or entered on the plan or imaged folio set out under DIAGRAM LOCATION below.

**DIAGRAM LOCATION**

SEE LP020996 FOR FURTHER DETAILS AND BOUNDARIES

**ACTIVITY IN THE LAST 125 DAYS**

NIL

-----END OF REGISTER SEARCH STATEMENT-----

Additional information: (not part of the Register Search Statement)

Street Address: 12 GALLIPOLI PARADE APOLLO BAY VIC 3233

DOCUMENT END

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ONCE PERMIT APPROVAL IS GIVEN WE WILL BE CONDUCTING A COMPETITION FOR ENTRANTS  
TO GIVE THEIR ARTIST IMPRESSIONS.  
UPON RECEIPT OF THIS WE WILL SUPPLY TO YOU.