



Office Use Only

Date Lodged: / /

Receipt No

Application for Search & Copy of Planning Permit / Endorsed Plans

Planning Enquiries
Phone: (03) 5232 9400
Web: www.colacotway.vic.gov.au

Please select search to be undertaken

* **Please Note:** Should the search prove to be Extensive and, Non Extensive fee paid an additional fee will be requested prior to extensive search being completed.

- \$113.00 search fee – Non-Extensive Search **NON-REFUNDABLE***
- \$226.00 search fee – Extensive Search **NON-REFUNDABLE***

CONTACT DETAILS

Please provide details of the person who is seeking a copy of the Permit/Plans

Name:	
Organisation (if applicable):	
Postal Address:	
Postcode:	
Contact phone:	
Mobile phone:	
Email:	
Fax:	

The Land

Please provide the street address of the land.

Street No.:	Street Name:
Suburb/Locality:	Postcode:

Planning Permit Details
Provide the planning permit number and/or description if known.

INFORMATION REQUIRED

Please tick which applies

<input type="checkbox"/>	Copy of Planning Permit Only
<input type="checkbox"/>	Copy of Planning Permit & Endorsed Plans
<input type="checkbox"/>	Copy of Endorsed Plans
<input type="checkbox"/>	Other, please specify

IMPORTANT INFORMATION

If this request includes copies of Endorsed Plans, documents are made available for the sole purpose of enabling its consideration and review as part of a planning process under the Planning Environment Act 1987. These documents must not be used for any purpose which may breach any copyright.

REASON FOR THE APPLICATION

In order to protect privacy, please advise Council of your relationship to the requested information and why the information is required.

I require the information for the following reason:

I am the:
<input type="checkbox"/> Owner
<input type="checkbox"/> Other, please specify

Declaration

This form must be signed by the person requesting a copy of the Permit / Plans.

Remember it is against the law to provide false or misleading information which could result in a fine.

*I declare all the information in this application is true and correct. I acknowledge that by requesting this information I agree to pay applicable fee. I agree to pay additional fee should search prove to be extensive and understand all fees are **non-refundable** should documents requested not be located.

Name:

Signature

Date DD / MM / YYYY

Lodgement

This form must be signed by the applicant.

*Lodge the completed and signed form, with applicable fee and any attached documents to:

For help or more information:

Colac Otway Shire Council
By Post: PO Box 283, COLAC VIC 3250
Hand Deliver: 2-6 Rae Street, COLAC VIC 3250 (Planning Department)

Email: inq@colacotway.vic.gov.au

Telephone: (03) 5232 9400

Fax: (03) 5232 1046

DECLARATION: The Colac Otway Shire Council collects personal information to levy rates, issue permits and licences, and provide a variety of community services. The information collected in this form is used only for the purposes contemplated by the form (primary purpose) and is not passed on to third parties. In some instances, however, disclosure is required by law or is necessary for the protection of persons or property. Where this occurs, Council will take every reasonable step to ensure your privacy is protected in accordance with the Information Privacy Act 2000 (Vic). Should you need to change or access your personal details, or require further information about Council's Privacy Policy contact our Privacy Officer on 5232 9400

Disclaimer

1. The information provided in this request is true & correct. This e-mail may contain privileged and confidential Information intended only for the use of the addressee named above. Privacy should be respected at all times. If you're not the intended recipient, you are hereby notified that any dissemination, distribution, or reproduction of this e-mail is strictly prohibited. If you have received this transmission in error, please delete it immediately from your system and inform us by e-mail on inq@colacotway.vic.gov.au