

Planning Enquiries Phone: (03) 5232 9400

Email:<u>inq@colacotway.vic.gov.au</u>
Web: <u>www.colacotway.vic.gov.au</u>

Attached additional sheets if

required.

Office Use Only				
Application No:			Fee:	
Date Lodged:	/	/	Receipt No:	
Date Allocated:	/	1	Allocated to:	
Zone(s):			Overlays:	

Application for

Extension of Time

Use this form to make an application to extend a planning permit under section 69 of the Act

		Privacy notice					
		Information collected with this application will only be used to consider and determine the application.					
С	ouncil help with the a	pplication					
	ntact council to discuss the sufficient or unclear information			s application if you are unsure. on.			
1.	Has there been a pre- application meeting with a council officer?	O Yes O No					
	oduloli oliloor .	If yes, with whom?:		Date			
Tł	ne Land						
2.	Address of the land	Street No:		Street Name:			
		Lot No.		On Lodged Plan / Plan of Subdivision No.			
		Suburb/Locality:		Postcode:			
Tł	ne extension proposa	 il					
3.	Provide details of the permit	being extended.					
a.	What permit is to be extended?						
	Include the permit number and what the permit allows.						
			_		_		
b.	What is the reason for the extension being required?						
	State the reasons why the use/development hasn't been commenced/completed within the timeframes specified on the permit						

Contact, applicant and owner details

4. Provide details of the contact, applicant and owner of the land.

Contact

The person you want council to communicate with about the application.	Name:							
аррисанот.	Organisation (if applicable):							
	Postal address:							
	Suburb/Locality:	Postcode:						
	Contact phone:							
	Mobile phone: Indicate preferred co					ontact method		
	Email:				$\overline{\square}$			
Applicant								
The person or organisation who wants the permit.	O Same as contact, if not complete below.							
•	Name:							
	Organisation (if applicable):							
	Postal address:							
	Suburb/Locality:	Postcode:						
Owner								
The person or organisation who owns the land.	O Same as contact O Same as appl	icant						
	Where the owner is different from the applicant or contact provide the name of the person or organisation who owns the land.							
	Name:							
	Organisation (if applicable):							

Declaration

5. This form must be signed. Complete one of A, B or C

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

Α	Owner/Applicant I declare that I am the applicant and	Signature
	owner of the land and all the information in this application is true and correct.	Date:
В	Owner	Signature
	I declare that I am the owner of the land and I have seen this application.	Date:
	Applicant	Signature
	I declare that I am the applicant and all	
	of the information in this application is true and correct.	Date:
С	Applicant	Signature
	I declare that I am the applicant and:	
	 I have notified the owner about this application; And all the information in this application is true and correct. 	Date:

Lodgement

Lodge the completed and signed form and all documents with:

Colac Otway Shire

PO Box 283, COLAC VIC 3250

2-6 Rae Street, COLAC VIC 3250

For help or more information Telephone: (03) 5232 9400

Email: inq@colacotway.vic.gov.au