

## Request for an Extension of Time to Planning Permit

Under section 69 of the Planning and **Environment Act 1987** 

Counci	l Use Only
Application Number :-	
Application Date:-	
Ledger Number:-	

**Latrobe City Council** 

Tel: 1300 367 700

www.latrobe.vic.gov.au

marked with an asterisk (*) are mandatory and must be c	completed.
Council	Specific Information
Apr	olicant Details
Did you lodge the original Planning Permit application?*	
Did VCAT direct Council to issue the permit?  Title* Surname*	Yes/No Given Name 1* Given Name 2
Title	Given Name 1 Given Name 2
Business Details	
	CN
Business Name	Company Name
Address	
Street Address*	
Suburb / Town*	State * Postcode *
Contact Details	
Please provide at least one phone number and include the Business Phone  After hours phone	e area code *  Business Fax Mobile
( ) ( )	Business rax Mobile
Email ( )	
Email	
Are you lodging this application on behalf of someone els	o (o g. applicant contact/representative)2 * Vac/No
	ed below, all correspondence will be made through the applicant contact
(representative) e.g. consultant, planner, architect	below, all correspondence will be made through the applicant contact
Title* Surname*	Given Name 1* Given Name 2
Business Details	
ABN AC	CN The state of th
Business Name	Company Name
Business Name	Company Name
Business Name  Address Street Address*	Company Name

	Address to w	hich the permi	t applies	
Choose the type of form				
Street address	Lot / Plan C	rown Allotment	Other (if no	o other land description applies
Address of land to v Street Address *	which the permit applies *			
Suburb / Town *		State *	Postcode	*
<b>Lot / Plan</b> Lot number		Plan type and nu	umbering (existing	)
Crown allotment number	er	Section number	r	Block
Portion		Subdivision		Parish OR Township name
Other (where no addre	ss or formal land description rele	vant - e.g. street furnitu	ura, bus shaltar ad	vertising)
Other (where no addre-	ss or iorriariand description rele-	vant - e.g. street furnitu	ire, bus sheller au	vertising)
e Information*	Provide a full, current copy (The title includes: the cove title documents, known as '	ering 'register search state	ement', the title diagra	
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months of the permi	(The title includes: the covered title documents, known as '  Peruse within six months of the it expiry date? * Yes/No	ering 'register search state l'instruments', eg. restrictiv  ermit details e permit commencen	ement', the title diagra de covenants.) nent or within tv	welve sed by council to be lodged at
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What length of time are you requesting (specify if your request is to extend commencement or completion of time) AND the reason for requesting an extension of time *
Supporting Documents
Payment Details
A class and color and
Acknowledgement
Please select *  am the owner of the land AND / OR
I am the occupier of the land
<ul> <li>I understand and acknowledge that:</li> <li>The information provided in this application is true and complete to the best of my knowledge.</li> <li>This application forms a legal document and penalties exist for providing false or misleading information.</li> <li>Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.</li> </ul>
By marking this checkbox I confirm that I have read and understood all the statements above *
Name of person completing this application * Date *
Signature of person completing this application *
Privacy Statement
The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit

## Lodgement

If you intend to post this form please use the details provided below:

Latrobe City Council PO BOX 264 MORWELL VIC 3840

Online application: Latrobe City Council website: https://www.latrobe.vic.gov.au/Property/Planning/Making\_an\_Application or hand hard copy in to Head Quarters Commercial Rd Morwell or one of our service centres.

Contact information: Telephone: 1300 367 700 DX: 217733