



Office Use – Fee
Ledger No. 51261.15
Date received:.....
Fee paid:.....
Receipt Number:.....

Application for Amendment by Secondary Consent

Applicant details: person providing the information & with whom Council will communicate about the application.

Name:	
Organisation:	
Postal Address:	
	Postcode:
Contact phone:	
Mobile:	
Fax:	
E-mail:	

Owner of Land: if different from applicant

<input type="checkbox"/> Same as applicant	The owner has been notified? Yes / No
Name:	
Organisation (if applicable) :	
Postal Address:	
	Postcode:

The land:

Street no:	Street name:	
Suburb / town:		Postcode:

Planning Permit details: provide the number of the planning permit.

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What does the permit allow for?

How the land is used and developed now: eg. Single dwelling, multiple dwellings, shop, factory, medical centre with two practitioners, licensed restaurant with 80 seats, vacant land

Proposal: What alterations are being applied for? Please provide a summary of details to be changed.

Information checklist: Have you provided:

- A completed application form
- A full current copy of title to the land (printed within last 90 days)
- 3 X copies of plans clearly highlighting amendments (Max A3, scaled and/or dimensioned)
- Amendment Application fee

Signed:

Applicant name :	
Signature:	
Date:	
Owner name:	
Signature:	
Date:	

Lodgement:

Post:	Central Goldfields Shire Council PO Box 194, Maryborough VIC 3465
In person:	12-22 Nolan Street, Maryborough VIC 3465
Contact information:	Telephone: (03) 5461 0610 Fax: (03) 5461 0666 Email: mail@cgoldshire.vic.gov.au