



**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	<b>The owner has been notified? Yes / No</b>
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: <a href="mailto:mail@cgoldshire.vic.gov.au">mail@cgoldshire.vic.gov.au</a>