Application for Extension of time to a **Planning Permit**



(Under Section 69 of the Planning & Environment Act 1987)

First Offic			Office Us	Office Use Ledger No. 51261.02		
Please tick one	Second		Date Received:			
	Third		Receipt N	umber:		
Applicant Name & Contact Details						
The Applicant (Name or organisation):						
Street Address:						
Town:		State:		Postcode:		
Phone during business hours:		Mobile:		<u>l</u>		
Email:						
The Land						
Street Address:						
Town:		State:		Post Code:		
Planning Permit Ref Number & Date: (Attach a copy of the Permit)						
Stage of the Development: (Have the works or use for which the permit was granted commenced?)						
Reason for extension: (What is the reason an extension is being sought? A reason must be given)						
Any previous extension of time: (Have there been any previous extension(s) of time to this permit?)						
The Owner (If you are not the owner, give the name and the address of the owner)						
Street Address:						
Town:			State:		Postcode:	
Phone during business hours:			Mobile:			
We declare that we have notified the owner of the land about he application to extend the permit and the provided information We have given is true and correct.		nature:		Date:		

If you have any further enquiries please contact Central Goldfields Shire Council Planning Department on (03) 5461 0610.

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