

# Application for Planning Permit Extension of Time

COMMUNITY  
RESILIENCE

## Privacy notice

Information collected with this application will only be used to consider and determine the application.

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

## Office Use Only

Application No: \_\_\_\_\_

Date Lodged:                    /                    /

Date Allocated:                    /                    /

Zone(s): \_\_\_\_\_

Allocated to: \_\_\_\_\_

Overlays: \_\_\_\_\_

## Council help with the application

Contact council to discuss the specific requirements for this application if you are unsure. Insufficient or unclear information may delay your application.

1. **Has there been a pre-application meeting with a council officer?**

Yes  No

If yes, with whom?: \_\_\_\_\_

Date    /    /

## The Land

2. **Address of the land**

Street No: \_\_\_\_\_

Street Name: \_\_\_\_\_

Lot No. \_\_\_\_\_

On Lodged Plan / Plan of Subdivision No. \_\_\_\_\_

Suburb/Locality: \_\_\_\_\_

Postcode: \_\_\_\_\_

## The extension proposal

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.

Attached additional sheets if required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 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.

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Name:

Organisation (if applicable):

Postal address:

Suburb/Locality:  Postcode:

Contact phone:



Mobile phone:



Indicate preferred contact method

Email:



Fax:



#### Applicant

The person or organisation who wants the permit.

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Same as contact, if not complete below.

Name:

Organisation (if applicable):

Postal address:

Suburb/Locality:  Postcode:

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Same as contact

Same as applicant

Where the owner is different from the applicant or contact provide the name of the person or organisation who owns the land.

#### Owner

The person or organisation who owns the land.

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Name:

Organisation (if applicable):

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## 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.

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A	Owner/Applicant I declare that I am the applicant and owner of the land and all the information in this application is true and correct.	Signature _____ Date:            /            /
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B	Owner I declare that I am the owner of the land and I have seen this application.	Signature _____ Date:            /            /
<hr/>		
	Applicant I declare that I am the applicant and all of the information in this application is true and correct.	Signature _____ Date:            /            /
<hr/>		
C	Applicant I declare that I am the applicant and: <ul style="list-style-type: none"><li>• I have notified the owner about this application;</li><li>• And all the information in this application is true and correct.</li></ul>	Signature _____ Date:            /            /
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## Lodgement

Lodge the completed and signed form and all documents to:

Colac Otway Shire – Bushfire Recovery ‘one Stop Shop’  
PO Box 283, COLAC VIC 3250  
2-6 RAE STREET, COLAC VIC 3250  
Email: [bushfire.recovery@colacotway.vic.gov.au](mailto:bushfire.recovery@colacotway.vic.gov.au)  
Fax: (03) 5232 9586

For help or more information

Telephone: (03) 5232 9400 *Select option 1*