

Office Use Only

Application no.:

Receipt No:

Date Lodged: / /

Ward:

Date Allocated: / /

Zone(s):

Allocated to:

Overlays:

Application for Amendment by Secondary Consent



Applicant details

Details of person applying for information

(The person you want Council to communicate with about the application)

Name:

Organisation:

Postal Address:

Postcode:

Contact phone:

Mobile:

Fax:

E-mail:

The land

(Address of the land)

Street no.: Street name:

Suburb:

Postcode:

Planning Permit Details

(Provide the number of the planning permit)

PLP/ /

Owner of Land

(If different from Applicant)

Same as applicant **Y / N** The owner has been notified

Name:

Organisation (if applicable)

Postal address:

Postcode:

How the land is used and developed now

eg. Single dwelling, three dwellings, shop, factory, medical centre with two practitioners, licensed restaurant with 80 seats, vacant

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What does the permit allow for?

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Proposal application

What is the alterations being applied for? (Summary of Details to be changed)

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Information checklist

Have you provided:

- 3 x copies of completed application form
- 3 x full current copies of title
- 3 x copies of plans highlighting amendments (**1 copy must be A3**)
- Application fee

Signed (Requirement)

Applicant Declaration

Remember it is against the law to provide false or misleading information, which could result in a heavy fine and cancellation of the permit.

This form must be signed by the applicant

I declare that I am the applicant and that all the information in this application is true and correct and the owner (if not myself) has been notified of this application.

Name:

Signature:

Date: / /

Lodgement

Mail:

Statutory Planning
City of Ballarat
PO Box 655
BALLARAT VIC 3353

In person:

The Phoenix Building
25 Armstrong Street South
CENTRAL BALLARAT VIC 3350

Further information:

E-mail: www.ballcity@ballarat.vic.gov.au
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Telephone: (03) 5320 5500