

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

