

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

What does the permit allow for?

Proposal application

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

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:

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