

Latrobe City Council

Planning Enquiries Phone: 1300 367 700 Web: www.latrobe.vic.gov.au

Clear Form

Office Use Only Application No.:

Application to

AMEND a Planning Permit

If you need help to complete this form, read <u>How to complete the amend a Planning Permit form</u>.

Any material submitted with this application, including plans and personal information, will be made available for public viewing, including electronically, and copies may be made for interested parties for the purpose of enabling consideration and review as part of a planning process under the Planning and Environment Act 1987. If you have any concerns, please contact Council's planning department.

Date Lodged:

A This form cannot be used to amend a permit issued at the direction of VCAT.

Questions marked with an asterisk (*) are mandatory and must be completed.

The Land i

| Address of the land. Complete | the Street Address and one of the Formal Land Descriptions. | | | |
|--|---|--|--|--|
| Street Address * | Unit No.: St. No.: St. Name: | | | |
| | Suburb/Locality: Postcode: | | | |
| Formal Land Description * Complete either A or B. | A Lot No.: OLodged Plan Title Plan Plan of Subdivision No.: | | | |
| This information can be found on the certificate of title. | OR | | | |
| | B Crown Allotment No.: Section No.: | | | |
| | Parish/Township Name: | | | |
| If this application relates | to more than one address, please click this button and enter relevant details. Add Address | | | |

Planning Permit Details i

What permit is being amended? *

Planning Permit No.:

The Amended Proposal i

A You must give full details of the amendment being applied for. Insufficient or unclear information will delay your application.

- What is the amendment being applied for?
 - Indicate the type of changes proposed to the permit.
 - · List details of the proposed changes.

If the space provided is insufficient, attach a separate sheet

| what the permit allows plans endorsed under the permit current conditions of the permit other documents endorsed under the permit Details: Provide plans clearly identifying all proposed changes to the endorsed plans, together with; any | rnis application seeks to amend: | |
|---|----------------------------------|---|
| Details: Provide plans clearly identifying all proposed changes to the endorsed plans, together with; any | what the permit allows | plans endorsed under the permit |
| Provide plans clearly identifying all proposed changes to the endorsed plans, together with; any | current conditions of the permit | other documents endorsed under the permit |
| | Details: | |
| | | |
| | | |
| | | |
| information required by the planning scheme, requested by Council or outlined in a Council checklist; and if required, include a description of the likely effect of the proposal. | | |

Development Cost i

(4) Estimate cost of development *

> If the permit allows development, estimate the cost difference between the development allowed by the permit and the development to be allowed by the amended

| Cost of proposed amended development | | Cost of the permitted development | | Cost difference (+ or -): |
|---|---|-----------------------------------|---|---------------------------|
| \$ | - | \$ | = | \$ |
| Insert 'NA' if no development is proposed by the permit (eg. change of use, subdivision, removal of covenant) A You may be required to verify this estimate. | | | | |

| Existing Conditions i | | | | | | |
|--|--|---|---|------------------|----------------|---------------------------|
| Describe how the land is used and developed now * eg. vacant, three dwellings, medical centre with two | Have the conditions of the land changed since the time of the original permit application? Yes No If yes, please provide details of the existing conditions. Provide a plan of the existing conditions if the conditions have changed since the time of the original permit application. Photos are also helpful. | | | | | |
| practitioners, licensed restaurant with 80 seats, grazing. | | | | | | |
| Title Information i | | | | | | |
| 6 Encumbrances on title * If you need help about the title, read: How to complete | Does the proposal breach, in any way, an encumbrance on title such as a restrictrive covenant, section 173 agreement or other obligation such as an easement or building envelope? Yes. (If 'yes' contact Council for advice on how to proceed before continuing with this application.) No Not applicable (no such encumbrance applies). | | | | | |
| the Application to Amend a Planning Permit form | | | | | | |
| | (The title inclu | current copy of the title for each udes: the covering 'register search nown as 'instruments', eg. restric | h staten | nent', the title | | |
| Applicant and Owner | Details i | | | | | |
| 7 Provide details of the applicant an Applicant * | d the owner of the la | and. | | | | |
| The person who wants the permit. | Title: First Name: | | Surname: | | | |
| F | Organisation (if applicable): | | | | | |
| | Postal Address: Unit No.: | Postal Address: Unit No.: St. No.: If it is a P.O. Box, enter the details here: St. Name: | | | here: | |
| | Suburb/Locality: | | State |) : | | Postcode: |
| Where the preferred contact person for the application is | Contact person's | details * | S | ame as applic | ant (if so, go | to 'contact information') |
| different from the applicant, provide the details of that person. | Title: | First Name: | | Surname: | | |
| | Organisation (if a | pplicable): | | | | |
| | Postal Address: | | If it is a P.O. Box, enter the details here: St. Name: | | | |
| | Unit No.: | Unit No.: St. No.: | | ame: | | |
| | Suburb/Locality: | | State: Postcode: | | | Postcode: |
| Please provide at least one | Contact information | | | | | |
| contact phone number * | Business Phone: | | Email: | | | |
| | Mobile Phone: | | Fax: | | | |
| Owner * | | | | | | Same as applicant |
| The person or organisation who owns the land | Name: Title: | First Name: | | Surname: | | Same as applicant |
| Where the owner is different from the applicant, provide the details of that person or | Organisation (if applicable): | | | | | |
| | Postal Address: Unit No.: St. No.: | | If it is a P.O. Box, enter the details here: St. Name: | | | |
| organisation | Suburb/Locality: | | State |) : | | Postcode: |
| | Owner's Signature (Optional): | | Date: | | | |
| | | · | | | | dd / mm / yyyy |

| Declaration i | | | | | | |
|--|---|---------------------------|--|--|--|--|
| 8 This form must be signed by the | ne applicant * | | | | | |
| Remember it is against the law to provide false or misleading information, which could result in a | I declare that I am the applicant; that all the information in this application is true and correct; that all changes to the permit and plan have been listed as part of the amendment proposal at Question 3 of this form; and that the owner (if not myself) has been notified of the permit application. | | | | | |
| heavy fine and cancellation of the permit. | Signature: | | | Date: | | |
| or the permit. | | | | dd / mm / yyyy | | |
| Need help with the A | oplication? <mark>i</mark> | | | | | |
| If you need help to complete this form department. General information about | | | | n or contact Council's planning | | |
| Contact Council's planning departmer or unclear information may delay your | | requirements for this app | olication and obtain a ch | ecklist. Insufficient | | |
| Has there been a pre-application meeting with a council planning | ○ No ○ Yes | | | | | |
| officer? | | | | | | |
| Checklist | | | | | | |
| 10 Have you: | Filled in the form | completely? | | | | |
| | Paid or included | the application fee? | Most applications req determine the approp | uire a fee to be paid. Contact Council to riate fee. | | |
| | Attached all necessary supporting information and documents? | | | | | |
| | Completed the relevant council planning permit checklist? | | | | | |
| | Signed the declaration (section 8)? | | | | | |
| Lodgement | | | | | | |
| Lodge the completed and signed form, the fee payment and all documents with: | Latrobe City Council https://www.latrobe.vic.gov.au/Property/Planning/Post_Permit/ Post_Approval_Planning_Requests or hand hard copy in to Head Quarters Commercial Rd Morwell or one of our service centres. Contact information: Telephone: 1300 367 700 DX: 217733 | | | | | |
| | Deliver application in | n person, by fax, or by | | | | |
| | Print Form | when you deliver this | form to the above menti | g information and necessary paymen oned address. This is usually your er for Planning or another body. | | |
| | Save Form: | | | | | |
| | Save Form To Your Computer | | olication form to your concept to section | mputer to complete or review later | | |