

**Latrobe City Council**

Tel: 1300 367 700

[www.latrobe.vic.gov.au](http://www.latrobe.vic.gov.au)

## Request for Amendment to an Application for Planning Permit

Under sections 50(A) and 57(A) of the Planning and Environment Act 1987

Office Use Only	
Receipt No :	<input type="text"/>
Receipt Date:	<input type="text"/>
Application Fee Paid:	\$ <input type="text"/>
Application No:	<input type="text"/>
Application Date:	<input type="text"/>

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

### Council Specific Information

Revised plans must be of the same scale and type as those originally submitted for the Planning Application.

Please make sure that all changes are clearly highlighted on any new plans submitted, as failure to do so is likely to result in delays. Highlight the changes by using different colours, highlighter pens or bubbles around amendments etc.

NB: Please contact council for advice if the land is affected by a registered covenant, section 173 agreement or restriction on title eg. easement or building envelope.

Council must not grant a permit that authorises anything that would result in a breach of a registered restrictive covenant (sections 61(4) and 62 of the Planning and Environment Act 1987).

### Applicant Details

Did you lodge the original Planning Permit application? \* Yes/No

Title\*

Surname\*

Given Name 1\*

Given Name 2

#### Business Details

ABN

ACN

Business Name

Company Name

#### Address

Street Address\*

Suburb / Town\*

State \*

Postcode \*

#### Contact Details

Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

Are you lodging this application on behalf of someone else (e.g. applicant contact/representative)? \*

Yes/No

**Applicant contact (representative)** - If details are entered below, all correspondence will be made through the applicant contact (representative) e.g. consultant, planner, architect

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Business Details**

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

**Address**

Street Address\*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact Details**

Please provide at least one phone number and include the area code \*

Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>

Email

**Address to which the application applies**

Choose the type of formal land description \*

<input type="checkbox"/> Street address	<input type="checkbox"/> Lot / Plan	<input type="checkbox"/> Crown Allotment	<input type="checkbox"/> Other (if no other land description applies)
---	-------------------------------------	--	---

**Address of land to which the permit applies \***

Street Address\*

Suburb / Town *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Lot / Plan**

Lot number	Plan type and numbering (existing)
<input type="text"/>	<input type="text"/>

Crown allotment number	Section number	Block
<input type="text"/>	<input type="text"/>	<input type="text"/>

Portion	Subdivision	Parish OR Township name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (where no address or formal land description relevant - e.g. street furniture, bus shelter advertising)

## Amendment details

Planning application number\*

What amendments are to be made to the application?

Does the proposed amendment breach, in any way, a registered covenant, section 173 agreement or restriction on title? \*

Yes

No

Not applicable (no such covenant, section 173 agreement or restriction applies)

State the estimated cost of the proposed development, which includes the amendments \*

Unchanged from initial application

Changed from initial application

\$

Has notice of the application been given (advertised)? Note: fees may apply - see payment details section \*

Yes

No

## Supporting Documents

## Acknowledgement

Please select \*

I am the owner OR

I have notified the owner of the proposed amendment

I understand and acknowledge that:

- The information provided in this request is true and complete to the best of my knowledge.
- I may refuse this request if it becomes evident that any information or supporting documents provided are incomplete or false.

By marking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Date \*

Signature of person completing this application \*

## Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: [www.latrobe.vic.gov.au](http://www.latrobe.vic.gov.au)

## Lodgement

If you intend to post or fax this form please use the details provided below:

Latrobe City Council  
PO BOX 264  
MORWELL VIC 3840

Telephone: 1300 367 700  
Fax: 03 5128 5672  
Email: [latrobe@latrobe.vic.gov.au](mailto:latrobe@latrobe.vic.gov.au)  
Website: [www.latrobe.vic.gov.au](http://www.latrobe.vic.gov.au)