Request for Secondary Consent

Office Use Only		
Receipt Code	Receipt Number	
Date received		

An application may be made using this form to amend an approved use and/or development where the planning permit conditions allow changes to be made with the written approval of the responsible authority. An example of this type of condition is:

The development as shown on the endorsed plans must not be altered without the written consent of the responsible authority.

Council, as responsible authority, is likely to use secondary consent powers, where they exist, to approve minor amendments to plans where Council considers the changes will be unlikely to cause detriment to other properties or affect the interests of a referral authority. Council cannot consider a change under Secondary Consent that may alter what the planning permit allows or any conditions contained within the permit.

If you wish to amend what the permit allows or the conditions of the permit or make changes, including changes to plans, which may cause detriment to other properties or affect the interests of a referral authority, please make an application to Amend a Planning Permit under Section 72 of the Planning & Environment Act 1987.

Please make sure that all proposed changes are identified, including marking all changes to plans through highlighters, cloud bubbles or notations. Plans should also include revision identifiers (ie Revision C, 1 June 2011). Failure to do so is likely to result in delays.

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

Original Application Details Planning Permit Number*

Contact Person (the person	to contact regarding this application	n)		
First Name*	Last	Name*		
Company Name (if applicable)				
Street/Postal Address				
Suburb*	Post	Code*		
Phone	Mobi	ile		
Email				
Are you lodging this request o	n behalf of someone else (applicant		🗌 Yes	No

Applicant Details			
☐ Same as contact person			
Did you lodge the original Plan	ning Permit application?*	Yes No	
First Name*		Last Name*	
Company Name (if applicable)			
Street/Postal Address			
Suburb*		Post Code*	
Phone		Mobile	
Email			



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Address to Which the Ap	olication Applies				
Choose the type of formal la	and description*				
Street Address	Plan Crown Allotme	ent 🗌 O	ther		
Street Address					
Suburb*			Post Code*		
Changes Dransad					
Changes Proposed					
Did VCAT direct Council to	ssue the permit?*	☐ Yes	🗌 No		
Has the use and/or develop	nent work started?*	🗌 Yes	🗌 No		
What changes are proposed	?* (Under what condition or	the planning	g permit is the reque	est being made?)	

Supporting Documents	
	Plans/Letter Please supply all plans affected by the proposed changes. 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.

Fees:

\$400.00

Declaration (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
- Surf Coast Shire Council may refuse this request if it becomes evident that any information or supporting documents provided are incomplete or false.

By ticking this checkbox I confirm that I have understood all the statements above*

Name of person completing this request*

Privacy Statement: The Surf Coast Shire considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy Act, 2000. The information will not be disclosed to any other party unless Council is required to do so by law.



Date