



**Application to Extend a Planning Permit**

**Fees below**

Use this form to apply for an extension to the expiry date of an existing Planning Permit.

For assistance completing this form, call Statutory Planning on (03) 5421 9699.

**Applicant Details**

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Contact Person (if different from applicant)**

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Owner (if different from applicant)**

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Office Use Only**



AP PP/STATP

Receipt no:		Date:	
Received by:		Paid:	\$

**FEES**

<b>First Request \$356</b>	<b>Second Request \$710</b>	<b>Third Request \$918</b>
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**Credit card payment authorisation** (see next page for alternative payment options)

Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>																
I authorise you to charge the following amount to my credit card: \$																			
Name on card:																			
Credit card number:																			
Expiry date (MM/YY):			Signature:																

## Application Details

**Address of the land:**

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**Permit number:** PLN/

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**Why is an extension required?**

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**What is the anticipated timeframe for works to commence?**

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## Declaration (must be completed)

I declare that I am the applicant, and that all the information in this application is true and correct.

**Signature:**

**Date:**

Note: If you are not the owner or occupier of the land this application MUST be accompanied by a copy of the owner's written consent for you to make this application.

## Privacy Collection Notice

Macedon Ranges Shire Council is committed to protecting your privacy. The personal information you provide on this form is being collected for the primary purpose of assessing your planning application.

Where required, the personal information being collected will be provided to any persons who wish to inspect your application prior to a decision being made, and to Council staff and external agencies involved in the planning process, in accordance with the Planning and Environment Act 1987.

If your application contains personal information of any other parties you must gain their consent to include their personal information in your application and provide them with a copy of this notice.

Your personal information will not be disclosed to any other external party without your consent, unless required or authorised by law. If you wish to gain access to, or alter, any personal information you have supplied on this form, contact us on (03) 5422 0333.

You can access Council's Privacy Policy at [mrsc.vic.gov.au/privacy](http://mrsc.vic.gov.au/privacy)

## HOW TO SUBMIT AND PAY

**EMAIL:** Send completed form to [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au).

**IN PERSON:** Bring completed form to one of our service centres and pay with cash, cheque/money order, EFTPOS or credit card (Mastercard/VISA).

**POST:** Mail completed form to:

Macedon Ranges Shire Council, PO BOX 151, KYNETON VIC 3444

Complete the attached credit card payment authorisation or pay over the phone.

**PHONE:** Submit your form by one of the above methods and call (03) 5422 0333 to pay by credit card over the phone.