



APPLICATION FOR EXTENSION OF TIME TO A PLANNING PERMIT

Please tick one

First	<input type="checkbox"/>	
Second	<input type="checkbox"/>	
Third	<input type="checkbox"/>	

Applicant Name & Contact Details

The Applicant (Name or organisation):		
Street Address:		
Town:	State:	Postcode:
Phone during business hours:		Mobile:
Email:		

The Land

Street Address:		
Town:	State:	Post Code:
Planning Permit Ref Number & Date: <i>(Attach a copy of the Permit)</i>		
Stage of the Development: <i>(Have the works or use for which the permit was granted commenced?)</i>		
Reason for extension: <i>(What is the reason an extension is being sought? A reason must be given)</i>		
Any previous extension of time: <i>(Have there been any previous extension(s) of time to this permit?)</i>		

The Owner *(If you are not the owner, give the name and the address of the owner)*

Street Address:		
Town:	State:	Postcode:
Phone during business hours:		Mobile:
I/We declare that we have notified the owner of the land about the application to extend the permit and the provided information I/We have given is true and correct.	Signature:	Date:

If you have any further enquiries please contact Central Goldfields Shire Council Planning Department on **(03) 5461 0610**.