

REQUEST FOR EXTENSION OF TIME TO PLANNING PERMIT



▼ Planning Permit Details

Planning Permit Number:

Property Address:

Permit Expiry Date:

▼ Applicant Details

Name:

Postal Address:

Postcode:

Email Address:

Phone Number:

▼ Extension Request Details

Provide reason as to why an extension is required:

You may wish to attach supporting documents to evidence your explanation.

Date you require an extension to:

/ /

▼ Fee Payable with Application

\$ 300.00

▼ Declaration

- I/We the undersigned hereby apply to extend the above Planning Permit.
- I/We certify that the information supplied in this application is true and correct.
- I/We are responsible for the accuracy of this information and will advise Wellington Shire Council as soon as possible of any changes to the above information.
- I/We understand that Council may request further information at any time in relation to this application.

Name

Signature

Date

Submitting Your Application

Mail:	Wellington Shire Council Land Use Planning Department P O Box 506 SALE VIC 3850	
Email:	planning@wellington.vic.gov.au	
In Person:	Sale Service Centre 18 Desailly Street, Sale Monday -Friday 8.30am – 5.00pm	Yarram Service Centre 156 Grant Street, Yarram Monday – Tuesday 10.00am – 2.00pm Thursday – Friday 10.00am – 2.00pm

Privacy Notification

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 questions, please contact Council's planning department.

Office Use Only				
Fee Code	Fee Paid	Receipt Number	Date	CSO
117	\$			

LAND USE PLANNING

Credit Card Authorisation Form



This form is used to provide a credit card payment to the Wellington Shire Council.

Please ensure that this form is completed in full, and that any relevant documentation is attached.

We will only use personal information provided by you for the purposes for which it was collected, and in order for Council to fulfil its business requirements.

Completed forms may be emailed to planning@wellington.vic.gov.au or mailed to the Wellington Shire Council at PO Box 506 Sale VIC 3850 or faxed to 5142 3501. Please contact the Land Use Planning Department on 1300 366 244 if you have any questions.

APPLICATION TYPE	
Please tick relevant type:	<input type="checkbox"/> Application for Planning Permit
	<input type="checkbox"/> Application to Amend a Planning Permit
	<input type="checkbox"/> Request for Extension of Time to Planning Permit
	<input type="checkbox"/> Planning Permit – Search & Copy
	<input type="checkbox"/> Permit & Endorsed Plans – Search & Copy
	<input type="checkbox"/> Section 173 Agreement – Preparation/Review
Planning Permit Number: (if applicable)	P
Address of property relevant to application: (if applicable)	
CREDIT CARD DETAILS	
Name on Credit Card: (please print)	
Type of Card: (Visa, Mastercard only)	
<i>We do not accept American Express or Diners Club.</i>	
Amount Authorised:	\$
Credit Card Number:	
Card Expiry Date:	
Card Holders Signature: <small>Authorising payment of above amount</small>	Date
Phone Number:	
Email Address:	

Office Use Only	
Council Officer	
Receipt Number	
Date	