

Application for Extension of Time for Planning Permit



This application has a fee of \$238.80

Applicant Details:

Applicant name:									
Business trading name: (if applicable)									
Postal address:									
				Postcode					
Phone number: Home:		Work:		Mobile:					
Email address:				Fax:					
What is the best way for Council to contact you?									
☐ Email		☐ Fax		☐ Phone – Home		☐ Phone – Work		☐ Phone - Mobile	

Owners Details: (if not the applicant)

Name:								
Business trading name: (if applicable)								
Postal address:								
				Postcode				
Phone number: Home:		Work:		Mobile:				
Email address:				Fax:				

Permit Details:

Planning permit number:		Permit end date: ____/____/____						
Street number:		Street name:						
Town:		Postcode						
How long would you like the permit extended for? _____ years								

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property. When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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What is the reason/s you are applying for an extension? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

You must give full details of your reasons for an extension of time and how long you wish to be extended. If you do not give enough information you may be asked to supply more, this will delay your application.

If you need more space or have more information, please attach with this form.

Please make sure that:

- ☐ Form is filled in fully and signed
- ☐ Attached any supporting information or documents

Who is the invoice to be made out to? _____ _____ _____

Applicant signature:	
Name: _____	Date: ____ / ____ / ____
Owner signature: (if not the applicant)	
Name: _____	Date: ____ / ____ / ____

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Contact Council



03 5153 9500



feedback@egipps.vic.gov.au



eastgippsland.vic.gov.au



PO Box 1618, Bairnsdale 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade

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