

Office Use Only			
Application No.:	Date Lodged:	1	1

Application for

Planning Permit

Planning Enquiries Phone: 03 9705 5200 Web: http://www.casey.vic.gov.au . Clear Form	If you need help to complete this form, read How to complete the Application for Planning Permit form . 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 concerns, please contact Council's planning department. Questions marked with an asterisk (*) are mandatory and must be completed. If the space provided on the form is insufficient, attach a separate sheet.		
The Land			
1 Address of the land. Complete	the Street Address and one of the Formal Land Descriptions.		
Formal Land Description * Complete either A or B.	Unit No.: St. No.: 1425 St. Name: Suburb/Locality: Clyde North A Lot No.:3,2,2,4 OLodged Plan Title Plan Plan OR	Pound Road Postcode: 3978 n of Subdivision No300094R,433177T	
This information can be found on the certificate of title.	B Crown Allotment No.:	Section No.:	
,	Parish/Township Name:		
The Proposal			
You must give full details of your delay your application.	proposal and attach the information required to assess the applica	ation. Insufficient or unclear information will	
Por what use, development or other matter do you require a permit? *	TOWN PLANNING PERMIT APPLICATION FOR SUBDIVISION AND ASSOCIATED WORKS, INCLUDING TREE REMOVAL.		

If you need help about the proposal, read: How to Complete the Application for Planning Permit Form

Provide additional information on the proposal, including: plans and elevations; any information required by the planning scheme, requested by Council or outlined in a Council planning permit checklist; and if required, a description of the likely effect of the proposal.

Estimated cost of development for which the permit is required *

Cost \$ '0'

A You may be required to verify this estimate.

Insert '0' if no development is proposed (eg. change of use, subdivision, removal of covenant, liquor licence)

Existing Conditions

Describe how the land is used and developed now *

> eg. vacant, three dwellings, medical-centre with two practitioners, licensed restaurant with 80 seats, grazing.

THE LAND IS CURRENTLY USED FOR AGRICULTURAL PURPOSES. A HIGH VOLTAGE TRANSMISSION LINE EASEMENT CROSSES THE SITE THE SOUTHERN BOUNDARY.

Provide a plan of the existing conditions. Photos are also helpful.

If you need help about the title, read: How to complete the Application for Planning Permit form	section 173 agreement or other obligation such as an easement or building envelope? Yes. (If 'yes' contact Council for advice on how to proceed before continuing with this application.) No Not applicable (no such encumbrance applies).					
-	(The title in	ull, current copy of the title for cludes: the covering 'registe , known as 'instruments', eg.	r each individual parcel of land for search statement, the title diagrestrictive covenants.)	orming the subject site. ram and the associated title		
plicant and Owner Provide details of the applicant ar	NO. R. DARLOS AND	e land.				
Applicant *	Name:	T:+N				
The person who wants the permit.	Title:	First Name:	Surname:			
the permit.	Organisation (if applicable): CAMPBELL PARK PROPERTY DEVELOPMENTS Pty Ltd					
	Postal Address: Unit No.:	white art for Bon, since the detailer		SECURE OF THE PERSON OF THE PE		
M/hove the professed contest	Suburb/Localit	Suburb/Locality: BERWICK State: VIC Postcode: 380				
Where the preferred contact person for the application is different from the applicant,	Contact person's details * Same as applicant (if so, go to 'contact information') Name:					
provide the details of that person.	Title: Mr	First Name:Bernard	Surname: Colli	ns		
porson.	Organisation (if applicable): Beveridge Williams Pty Ltd					
	Postal Address: If it is a P.O. Box, enter the det		details here:			
	Unit No.:	St. No.:	St. Name:PO Box 61	St. Name:PO Box 61		
	Suburb/Locality: Malvern		State: VIC	Postcode: 3144		
Please provide at least one	Contact information					
contact phone number *	Business Phone: 03 9524 8888		Email: collinsb@bevwill.com.au			
	Mobile Phone:		Fax: (03) 9524 8899			
Owner *						
The person or organisation	Name: Title:	First Name: Gordan 8	& Margaret Surname: Gill	Same as applicant		
who owns the land			winding of the state of the sta			
Where the owner is different from the applicant, provide	Organisation (i	f applicable):				
the details of that person or	Postal Address: Unit No.:	St. No.: 35	If it is a P.O. Box, enter the St. Name: Casey Dr			
organisation.	Suburb/Localit	V. Benwick	State: VIC	Postcode: 3806		
	Owner's Signature (Optional):					
	Owner's dignature (Optional).		Da	day / month / year		
				day / month / year		
claration 🗓						
This form must be signed by th Remember it is against						
the law to provide false or misleading information,	I declare that I am the applicant; and that all the information in this application is true and correct; and the owner (if not myself) has been notified of the permit application.					
which could result in a heavy fine and cancellation	Signature: Date: 23 08 13 day/month/year					
of the permit.		111	,	day / month / year		

Title Information i

Need help with the Application?

If you need help to complete this form, read <u>How to complete the Application for Planning Permit form</u> General information about the planning process is available at www.dpcd.vic.gov.au/planning

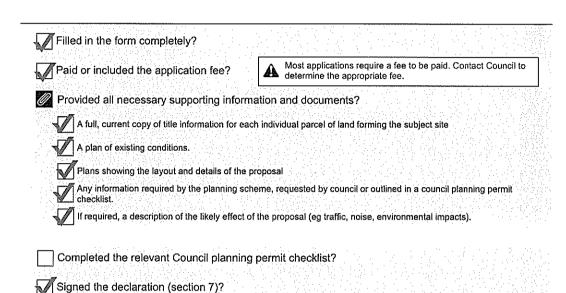
Contact Council's planning department to discuss the specific requirements for this application and obtain a planning permit checklist. Insufficient or unclear information may delay your application.

8 Has there been a pre-application meeting with a Council planning officer?

○ No · ✓ Yes

Checklist 1

9 Have you:



Lodgement III

Lodge the completed and signed form, the fee payment and all documents with:

City of Casey

PO Box 1000 Narre Warren VIC 3805
Princes Highway Narre Warren VIC 3805

Contact information:

Telephone: 61 03 9705 5200 Email: <u>caseycc@casey.vic.gov.au</u>

DX: 30460

Translation: 131 450

Deliver application in person, by fax, or by post:

Print Form

Make sure you deliver any required supporting information and necessary payment when you deliver this form to the above mentioned address. This is usually your local council but can sometimes be the Minister for Planning or another body.

Save Form:

Save Form To Your Computer

You can save this application form to your computer to complete or review later or email it to others to complete relevant sections.