

Planning Enquiries Phone: 03 9705 5200

Web: http://www.casey.vic.gov.au

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

# Application for

# **Planning Permit**

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.

A Questions marked with an asterisk (\*) are mandatory and must be completed.

A If the space provided on the form is insufficient, attach a separate sheet.

## The Land

Clear Form

1 Address of the land. Complete the Street Address and one of the Formal Land Descriptions.

Formal Land Description \* Complete either A or B.

This information can be found on the certificate of

Street Address \*

4.45.45	Unit No.: St. No.: 1525	St. Name: Pound Road
ا ] ]	Suburb/Locality: Clyde North	Postcode: 3978
Α	Lot No.: 2 Clodged Pla	○Title Plan ●Plan of Subdivision No.: 327975F
0	R	
E	Crown Allotment No.:	Section No.:
	Parish/Township Name:	

## The Proposal

title.

You must give full details of your proposal and attach the information required to assess the application. Insufficient or unclear information will delay your application.

2 For what use, development or other matter do you require a permit? \*

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

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.

3 Estimated cost of development for which the permit is required \*

Cost \$0 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 III

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 site is currently used for agricultural purposes but is in poor condition. it features one farm dwelling and ancillary sheds, with the remaining land comprising of grazing pastures and windbreaks.

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

6 Encumbrances on title *  If you need help about the title, read:  How to complete the Application for Planning Permit form	Section 173 a  Yes. (If 'ye  No  Not application  Provide a  (The title in	posal breach, in any way, an greement or other obligation as' contact Council for advice of able (no such encumbrance as full, current copy of the title for encludes: the covering 'register sets, known as 'instruments', eg. re	such as an ease n how to proceed uplies).  ach individual pare earch statement, t	ement or build before conting cel of land form the title diagran	ding envelope?  nuing with this application.)  ning the subject site.	
Applicant and Owner	r Details 🖪					
6 Provide details of the applicant		ne land.				
Applicant *	Name:	<b>7</b> [				
The person who wants the permit.	Title: Mr	First Name: Greg	Sur	name:Bursill		
the permit.	Organisation (	(if applicable): Dennis Family	Corporation			
	Postal Address:	Ot No. 2014		Box, enter the de		
	Unit No.:	St. No.: 211	St. Name:	Waverley Roa	10	
	Suburb/Locali	ty: East Malvern	State: VIC		Postcode:3145	
Where the preferred contact person for the application is different from the applicant,	Contact person'	s details *	Same a	s applicant (if so	o, go to 'contact information')	
provide the details of that person.	Title: Mr	First Name: Bernard	Sur	name: Collins		
person.	Organisation	Organisation (if applicable): Beveridge Williams & Co Pty Ltd				
	Postal Address:					
	Unit No.:					
	Suburb/Locali	ty: Malvern	State: VIC	0.520.5 (0.020.500.000.000.000.000.000.000.000.00	Postcode:3144	
Please provide at least one	Contact inform	nation				
contact phone number *	Business Phone: +613 9524 8803		Email: collinsb@bevwill.com.au			
	Mobile Phone	A STATE OF THE STA				
	Wobile Priorie		Fax:			
Owner *	Name:				Same as applicant	
The person or organisation who owns the land	Title: Ms	First Name: Nancye	Sur	name: Gearor	ı	
Where the owner is different	Organisation (if applicable):					
from the applicant, provide	Postal Address:		If it is a P.O. I	Box, enter the de	tails here:	
the details of that person or organisation.	Unit No.:	Unit No.: St. No.: 1525		St. Name: Pound Road		
	Suburb/Locali	ty: Clyde North	State: VIC		Postcode:3978	
	Owner's Signa	ature (Optional):		Date		
					day / month / year	
7 This form must be signed by Remember it is against the law to provide false or misleading information, which could result in a	I declare that I	am the applicant; and that all e owner (if not myself) has be	en notified of the	permit applica		
heavy fine and cancellation of the permit.		or hetal	nt	Date:	day / month / year	

#### 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 <u>www.dpcd.vic.gov.au/planning</u>

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?

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		4 Sept 10 11
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	$oldsymbol{V}$ , $oldsymbol$	
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### Checklist III

(9) Have you:

] Pai	id or included the application fee?	Most applications require a fee to be paid. Contact Council to determine the appropriate fee.
Pro	ovided all necessary supporting inform	ation and documents?
<u> </u>	A full, current copy of title information for eac	h individual parcel of land forming the subject site
<b>√</b>	A plan of existing conditions.	
<b>✓</b>	Plans showing the layout and details of the p	roposal
<u></u>	Any information required by the planning sch checklist.	eme, requested by council or outlined in a council planning permit
17	If required, a description of the likely effect of	the proposal (sectraffic raise emissionmental impacts)

### 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.