





Staged Payment Arrangement Application Form

Growth Areas Infrastructure Contribution (GAIC)

-  If completing this form by hand, please use BLOCK letters and use blue or black ink.
-  Please refer to the [Guidelines for Staged Payment Arrangement](#) prior to completing this form.
-  It is an offence to make a false or misleading statement
-  Lodge this form with the Victorian Planning Authority – see address on final page of this form.

For New Application – Please fill in all sections

For Amendment Application – Please skip Section A-D unless there's any change in these details

Section A - Application Details

The Applicant must be the owner/s. Please include information of all owners.

Surname		Given Names (in full)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Unit No.	Street No.	Street Name	
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 90%; border: none;" type="text"/>	
Suburb/Locality	<input style="width: 300px;" type="text"/>	State	Postcode <input style="width: 50px;" type="text"/>
Telephone No.	<input style="width: 300px;" type="text"/>		
	<small>(Please provide a daytime contact number for any follow up enquiries)</small>		

OR If the Applicant is a Company

Company Name		Company ABN	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Unit No.	Street No.	Street Name	
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 90%; border: none;" type="text"/>	
Suburb/Locality	<input style="width: 300px;" type="text"/>	State	Postcode <input style="width: 50px;" type="text"/>
Telephone No.	<input style="width: 300px;" type="text"/>		
	<small>(Please provide a daytime contact number for any follow up enquiries)</small>		

Section B - Agent Details

Attention		Position	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Company			
<input style="width: 100%;" type="text"/>			
Unit No.	Street No.	Street Name	
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 90%; border: none;" type="text"/>	
Suburb/Locality	<input style="width: 300px;" type="text"/>	State	Postcode <input style="width: 50px;" type="text"/>
Telephone No.	<input style="width: 300px;" type="text"/>		
	<small>(Please provide a daytime contact number for any follow up enquiries)</small>		

Section C - Property Details

Property details on which GAIC is to be paid and Staged Payment Arrangement sought

Note: If multiple titles are subject of this application fill in all of the property details for each of the titles.
Please attach a copy of Register Search Statement (Title Search) issued within 30 days of this application.

Unit No.	Street No.	Street Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Suburb/Locality	<input type="text"/>			State	Postcode	
Planning / Building Permit No.			Date / /			
<input type="text"/>			day month year			
Plan No.	Lot No.	Municipality Name	Total Area of Property	GAIC Area of Property	Volume	Folio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more fields are required for staged property details, please complete all calculations on the extended table within the PDF downloadable by [clicking here](#).

Section D - Pre Existing GAIC Deferral Arrangement

(when GAIC has been triggered by Dutiable transaction or Transfer)

If this property has a pre-existing GAIC deferral arrangement in place under Section 201M of the Planning and Environment Act 1987 (the Act), please provide details of this deferral. Please attach a copy of GAIC certificate for deferral.

Is this application for land currently subject to a GAIC deferral arrangement? Please Tick:	<input type="radio"/> Yes	<input type="radio"/> No
Notice No. (GAIC certificate for deferral and Date of GAIC triggering event)	<input type="text"/>	
	Date / /	

Section E - Pre Existing GAIC Staged Payment Arrangement

Is this an amendment application for a previously notified Staged Payment Arrangement? Please Tick:	<input type="radio"/> Yes	<input type="radio"/> No
---	---------------------------	--------------------------

If Yes, please provide the following details (details will be found on original Notice of Approval of Staged Payment Arrangement):

Notice No. / Reference No.	<input type="text"/>
	Date / /

Section F - GAIC Transaction Details

Nature of GAIC Trigger Event: Please tick appropriate box.	<input type="radio"/> Subdivision	<input type="radio"/> Building Permit
DATE that contribution liability was IMPOSED (by subdivision or building permit) or EXPECTED DATE that contribution liability WILL BE IMPOSED. (Please attach a copy of a GAIC certificate issued within 30 days of this application)	Date / /	

Section G - Current Planning or Building Approval Details

Planning Status associated with each individual title included in this application

Please outline below the planning circumstances of each individual title, including its relationship with approved Precinct Structure Plans. Also, please attach copies of the following documentation, as a minimum requirement, to support your application:

- Approved Overall Development Plan (Endorsed Plan that forms planning permit).
- Plan of Subdivision or application for subdivision

OR Building Work Information (if relevant)

If this application relates to a building permit application, please attach a copy of the Building Permit application

Section H - Staged Payment Application Details

Information supporting the Staged Payment Schedule

Comprehensively explain the subdivision / building works staged payments proposal. Please outline the schedule of the proposed subdivisions or developments, including the amount of land contained in each stage, the timing of each stage, and any other matters you would like the Minister to consider. Please note that the staged payment schedule is to be based on a proportion of the land development / building works of each stage. The first payment is to be a minimum of 30% of the total liability and the remaining 70% is to be spread pro-rata over the remaining stages.

Section H - Cont.

Proposed Schedule of Staged Payments

Note: The first payment must be for a minimum of 30% of the GAIC liability of the subject land.
Please prepare an excel spread sheet in the below format. VPA may request a soft copy to be submitted.

Land Description of Stage OR building work description	Size of Non-GAIC Area (ha) - up to 5 decimal points	Size of GAIC Area (ha) - up to 5 decimal points OR \$ value of building works	Proportion of Total GAIC (minimum 30% at the first stage)	GAIC Staged Payment Amount	Payment Due Date DD/MM/YY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



If more fields are required for staged payments, please complete all calculations on the extended table within the PDF downloadable by [clicking here](#).

Section I - Certification

Tick this box to confirm that where the person certifying below is NOT the owner the person named below has written authority to act on behalf of the owner in relation to the application.

I (name)		
<input type="text"/>		
Company		
<input type="text"/>		
Unit No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Locality	<input type="text"/>	State
		Postcode
	<input type="text"/>	<input type="text"/>
Telephone No.	<input type="text"/>	

Certify the above information is true and correct and comprehensive, and I authorise officers of the Metropolitan Planning Authority to contact third parties to confirm the information provided above or to provide the information to appropriate third parties where necessary in assessing this staged payment application.

Signature of applicant (owner) or agent	<input type="text"/>	Date	/	/
		day	month	year

Lodgement

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

Victorian Planning Authority

Level 25, 35 Collins Street
Melbourne VIC 3000

info@vpa.vic.gov.au

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

[Print Form](#)

Make sure you deliver any required supporting information and necessary payment when you deliver this form to the above mentioned address.

or...

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