



Request for Miscellaneous Planning Consent

Fee: \$550

Note: all fees are inclusive of GST.

Applicant

Name: _____
Postal address: _____
Telephone: _____ Mobile: _____
Fax: _____ Email: _____

Owner (if different from the applicant)

Name: _____
Postal address: _____
Telephone: _____ Mobile: _____
Fax: _____ Email: _____

Property details

Address: _____
Title details (inc Lot No) _____

How is the land used and what is the current condition of the land?

What are the proposed changes and why?

This space has been intentionally left blank. Please make sure you complete the form fields over page.


I have:

- Attached a copy of the Title (obtained within the last 6 months), including the relevant plan of subdivision and a copy of any restrictive covenant or Section 173 Agreement that relates to the land.
- Attached 3 copies of the plans that are to scale; show accurate details of any building envelopes and no build areas as identified on the Title; and shown on the subdivision plan as appropriate.

Declaration

Note: if the applicant is the owner of the land, complete either section A and/or B. All applicants must sign section C.

- A I am the owner of the land. I have seen this application. Signature: _____ Date: _____
- B I/we, the applicant/s declare that I/we have notified the owner about this application. Signature: _____ Date: _____
- C I/we, the applicant/s declare that all the information provided is true. Signature: _____ Date: _____

Office Use Only				
	Receipt no:		Date:	
	Received by:		Paid:	\$

Payment options

In person: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our Service Centres.

By Mail: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation over the page. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

Mastercard

Visa

I authorise you to charge the following amount to my credit card: \$ _____

Name on card: _____

Credit card number:

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Expiry date (xx/xx): _____ Signature: _____

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.