

15 Channel Highway KINGSTON TAS 7050

(03) 6211 8200

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## **Application to extend an existing Planning Permit**

(pursuant to section 53 of Land Use Planning and Approvals Act 1993)

Lodgement Date:		Property Id No:				
Application No:		Zoning:				
Planning Permit Reference No.:						
Address of Subject Site:	Address:					
	Suburb/Town:	ı	Postcoo	de:		
Current Owners:						
Applicant:  If the applicant is not the owner, it is the responsibility of the applicant to notify the owner of the application to amend the permit.	Name:					
			Postcoo	estcode:		
	Phone No.: Email			il:		
Reason for the extension of time:  Describe what stage the development	nt					
is currently at: ie Not commenced; if commenced describe how much completed; or completed in accordance with the plans.						
If you have had discussions with a Council Officer, please provide their name.						
Privacy Statement Completion of this form may require the disclosure of person of this form and to carry out Council business. The Persona any other party, except with your permission or if required Customer Service Unit on 6211 8200. Should you not provide	I Information Protection Act 2 or authorised by law. You m	004 and Council's Privacy Policy regulate t ay make application to access or amend	the use of th	his information	, which will not be disclosed to	
Declaration:  I agree that written provided.	n communication m	ay be provided electronicall	y, wher	e an ema	iil address has beer	
I declare that the	information in this a	pplication is true and correc	t.			
Applicant's Signature:				Date:		

ELECTRONIC APPLICATIONS ARE ENCOURAGED, Email to: <u>Development@kingborough.tas.gov.au</u>