

SECONDARY CONSENT APPLICATION FORM

Applicant Details	Name:	
	Email:	
	Organisation (if applicable):	
	Postal Address:	
	Postcode:	
	Home:	
	Business:	
	Mobile:	
	E-mail:	

Address of the Land	Street no.: Street/Road Name:	
	Suburb/Town:	Postcode:

Planning Permit Number	<input type="text"/>
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Owner of Land If different from Applicant	<input type="checkbox"/> Please tick if same as applicant	
	Name:	
	Organisation (if applicable):	
	Postal address:	
	Postcode:	

Information Checklist You must provide this information:	<div><input type="checkbox"/> A fully completed application form</div> <div><input type="checkbox"/> Three (3) copies of plans highlighting amendments</div> <div><input type="checkbox"/> \$150.00 Minor/\$300 Major Application Fee</div>
What stage is the development at? Has the development been started? Has the development been completed?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Proposal What alterations are being applied for? (You must highlight all changes on the plans)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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Declaration NOTE: <i>By signing the above you are declaring that all the information in this application is true and correct; and the owner (if not yourself) has been notified of this application.</i>	<div>Name:<div></div></div> <div>Signature:<div></div></div> <div>Date:<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div></div>
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Lodgement	Mail: Planning Department Horsham Rural City Council PO Box 511 HORSHAM VIC 3402	In person: 18 Roberts Ave HORSHAM VIC 3400	Further Information: E-mail: Planning@hrcc.vic.gov.au Website: www.hrcc.com.au Telephone: (03) 5382 9777 Fax: (03) 5382 1111
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