OFFICE USE: POST No.:	PRIMARY CATEGORY:	TASK VALUE:	1	2	3
PREVIOUS PLANNER:	DATE RECEIVED:				
ALLOCATED TO:	DATE ALLOCATED	·			



BY A CONDITION OF THE PLANNING PERMIT, PAY	PERMIT A FEE AN	NGES OTHER THAN THOSE REQUIRED YOU MUST APPLY TO AMEND THE ND COMPLETE THE FORM TITLED ID A PLANNING PERMIT".		
THE APPLICANT:				
Name:				
Address:				
ostcode: Phone durin		ng business hours:		
PLANNING PERMIT NO.: PP				
LAND AFFECTED BY THIS API	PLICATION	ON		
Address:				
Lot Number(s):		Plan of Subdivision:		
Title Details: Volume:		olio:		
CONDITIONS WHICH REQUIRE ENDORSEMENT:				
INFORMATION PROVIDED WI	TH THE	REQUEST:		
☐ Three (3) copies of all plans/documents☐ Written description of which conditions☐ All changes required by condition(s) ar	s required er	ndorsement of plans/documents.		
		endorsement are those required by a permit condition with this request to endorse plans/documents.		
Signature:				
Name (print):		Date:		