

| Office Use Only                        |              |   |    |  |  |
|--|--------------|---|----|--|--|
| VicSmart?                              | YES          |   | NO |  |  |
| Specify class of VicSmart application: |              |   |    |  |  |
| Application No.:                       | Date Lodged: | 1 | 1  |  |  |

# Application for a **Planning Permit**

If you need help to complete this form, read MORE INFORMATION at the back of this form.

Any material submitted with this application, including plans and personal information, will be made available for public viewing, including electronically, and copies may be made for interested parties for the purpose of enabling consideration and review as part of a planning process under the *Planning and Environment Act 1987*. If you have any concerns, please contact Council's planning department.

A Questions marked with an asterisk (\*) must be completed.

A If the space provided on the form is insufficient, attach a separate sheet.

Click for further information.

Clear Form

# **Application Type**

Is this a VicSmart application?\*

● No ● Yes

If yes, please specify which

VicSmart class or classes:

Classes of VicSmart application are listed in zones, overlays, particular provisions and the schedule to Clause 59.15

# **Pre-application Meeting**

Has there been a pre-application meeting with a Council planning officer?

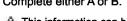
| O No | • Yes | If 'Yes', with whom?: |                    |
|------|-------|-----------------------|--------------------|
|      |       | Date:                 | day / month / year |
|      |       |                       |                    |

#### The Land 💵

Address of the land. Complete the Street Address and one of the Formal Land Descriptions.

Street Address \*

Formal Land Description \*
Complete either A or B.



This information can be found on the certificate of title.

If this application relates to more than one address, attach a separate sheet setting out any additional property details.

| Ur | it No.: St. No.: 227 St. Name: Illowa Road                            |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|
| Su | Suburb/Locality: Illowa Postcode: 3282                                |  |  |  |  |  |  |
| Α  | Lot No.: 2&3 Clodged Plan Title Plan Plan of Subdivision No.: 614172W |  |  |  |  |  |  |
| OR |   |  |  |  |  |  |  |
| В  | Crown Allotment No.: Section No.:                                     |  |  |  |  |  |  |
|    | Parish/Township Name:   |  |  |  |  |  |  |

| You must give full details of yo<br>Insufficient or unclear informat   | ur proposal and attach the information required to assess the application. ion will delay your application.   |
|--|---|
| For what use, development or other matter do you require a permit? *   | ion will delay your application.  |
|  |   |
|  | Provide additional information about the proposal, including: plans and elevations; any information required by the planning scheme, requested by Council or outlined in a Council planning permit checklist; and if required, a description of the likely effect of the proposal.  |
| Estimated cost of any  | Cost \$  Insert '0' if no development is proposed.  |
| development for which the permit is required *   | If the application is for land within <b>metropolitan Melbourne</b> (as defined in section 3 of the <i>Planning and Environment Act 1987</i> ) and the estimated cost of the development exceeds \$1 million (adjusted annually by CPI) the Metropolitan Planning Levy <b>must</b> be paid to the State Revenue Office and a current levy certificate <b>must</b> be submitted with the application. Visit <a href="www.sro.vic.gov.au">www.sro.vic.gov.au</a> for information. |
| Existing Conditions  |   |
| Describe how the land is used and developed now * For example, vacant, three dwellings, medical centre with two practitioners, licensed restaurant with 80 seats, grazing. |   |
|  |   |
|  | Provide a plan of the existing conditions. Photos are also helpful.   |
| Title Information I  | Does the proposal broach in any way an engumbrance on title such as a restrictrive sevenant   |
| Encumbrances on title *  | Does the proposal breach, in any way, an encumbrance on title such as a restrictrive covenant, section 173 agreement or other obligation such as an easement or building envelope?  |
|  | Yes (If 'yes' contact Council for advice on how to proceed before continuing with this application.)  |
|  | <ul><li>○ No</li><li>○ Not applicable (no such encumbrance applies).</li></ul>  |
|  | Provide a full, current copy of the title for each individual parcel of land forming the subject site.  |
|  | The title includes: the covering 'register search statement', the title diagram and the associated title documents, known as 'instruments', for example, restrictive covenants.   |



# Applicant and Owner Details II

Provide details of the applicant and the owner of the land.

Applicant \* Name: First Name: The person who wants the permit. Title: Surname: Organisation (if applicable): MPAA Studio Postal Address: If it is a P.O. Box, enter the details here: Unit No.: St. No.: St. Name: PO Box 207 Suburb/Locality: Warrnambool State: VIC Postcode: 3280 Contact information for applicant OR contact person below Please provide at least one contact phone number Business phone: 03 5562 9443 Email: info@mpaastudio.co Fax: Mobile phone: Contact person's details\* Where the preferred contact person Same as applicant for the application is different from Name: the applicant, provide the details of First Name: Title: Surname: that person. Organisation (if applicable): Postal Address: If it is a P.O. Box, enter the details here: Unit No.: St. No.: St. Name: Suburb/Locality: State: Postcode: Owner \* Same as applicant Name: The person or organisation Title: First Name: Surname who owns the land Organisation (if applicable): Where the owner is different from the applicant, provide the details of that Postal Address: If it is a P.O. Box, enter the details here: person or organisation. Unit No.: St. No. St. Name Postcode: Suburb/Locality State

### Information requirements

Is the required information provided?

Contact Council's planning department to discuss the specific requirements for this application and obtain a planning permit checklist.

Date:

day / month / year

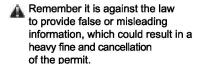
day / month / year

O Yes O No

Owner's Signature (Optional):

# Declaration II

This form must be signed by the applicant \*



I declare that I am the applicant; and that all the information in this application is true and correct; and the owner (if not myself) has been notified of the permit application.

Signature: Date: 6 January 2025