

# East Gippsland Shire Council

273 Main Street (PO Box 1618)  
Bairnsdale Vic 3875  
Website [www.eastgippsland.vic.gov.au](http://www.eastgippsland.vic.gov.au)  
Email [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)  
Follow us on Twitter @egsc



Telephone: (03) 5153 9500  
Fax: (03) 5153 9576  
National Relay Service: 133 677  
Residents' Information Line: 1300 555 886  
ABN: 81 957 967 765

## Planning Permit Application

### Applicant Details:

Name:						
Business trading name: (if applicable)						
Email address:						
Postal address:						
			Postcode			
Phone number: Home:	Work:	Mobile:				

### Owners Details: (if not the applicant)

Name:						
Business trading name: (if applicable)						
Email address:						
Postal address:						
			Postcode			
Phone number: Home:	Work:	Mobile:				

### Description of the Land:

Street number:	Street name:						
Town:				Postcode			
Legal Description:							
Lot Number:	<input type="checkbox"/> Lodged plan <input type="checkbox"/> Title plan <input type="checkbox"/> Plan of Subdivision			Number:			
Crown Allotment Number:			Section Number:				
Parish/Township Name:							
Has there been a pre-application meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No				Officers name:			
Your reference number:							

#### Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When submitting documents to Council you are confirming that you have authority to use those documents. In the event that the giving of notice is required pursuant to Section 52 of the Planning and Environment Act 1987, you permit documents submitted as part of this application, including your full contact information to be made available for public viewing on Council's website

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)

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Is there any encumbrance on the Title such as a restrictive covenant, section 173 agreement or other obligation such as an easement or building envelope?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proposal result in a breach of a registered covenant restriction or agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description of proposal:</b> Describe the use, development or other matter which needs a permit: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Existing conditions:</b> Describe how the land is used and developed currently: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Estimated cost of development: Note: You may be required to verify this estimate	\$

If you need more space or have more information, please attach with this form.

Please make sure that:

- Form is filled in fully and signed
- The correct fee is paid or payment enclosed
- Attached any supporting information or documents
  - **Required** - Title (must have been generated within the past 30 days)
  - Covenants or Section 173 agreements
  - Site plan/floor - plan/elevations
  - Planning report
  - Supporting information/reports (e.g. – Land Capability Assessment, Bushfire Management Statement, Geotechnical report/waiver)

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## Declaration:

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.

I confirm that I have authority to use the relevant documents.

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Applicant signature:	
Name: _____	Date: ____/____/____

<b>Office Use Only:</b>
Reference Number: AP/D/PP/_____ Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Eftpos
Amount Paid: \$_____ Receipt Number: _____ Receipt Date: ____/____/____

## Submitting your application:

<b>Electronic</b>	Fax to 03 5153 9576 Email to <a href="mailto:planning@egipps.vic.gov.au">planning@egipps.vic.gov.au</a>	
<b>Mail</b>	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.	
<b>In Person</b>	Bring the completed form and supporting documents to any of the following locations;	
	Service Centre Opening Hours: 8:30am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue

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