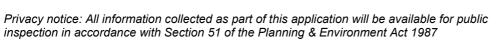
## **APPLICATION TO AMEND PLANS UNDER SECONDARY CONSENT**





1079 PASCOE VALE ROAD BROADMEADOWS VICTORIA 3047

Postal Address: PO BOX 119 DALLAS 3047

Date Received:	I	1	Fee Paid: \$		
If the Permit was issued as a result of a VCAT Order please contact Statutory Planning before completing this form					

If the Permit was issued as contact Statutory Planning be	a result of a VCAT Order plo fore completing this form	ease	Telephone:03 9205 2: Facsimile: 03 9309 01 www.hume.vic.gov.au			
PERMIT DETAILS:						
Planning Permit No:						
Property Address:						
CONTACT DETAILS: the prefe	rred contact person/company for t	ne application				
Applicant:						
Address:						
	Bus Tel.	Mob Tel:				
OWNER: The person or organis	ation who owns the land	San	ne as applicant			
Name:						
(if applicable)						
AMENDMENT PROPOSAL:						
Brief summary of amendment/s:						
Reason for amendment/s:						
Cost of buildings and works fee:	State the estimated cost difference between the development allowed by the permit and the development to be allowed by the amendment  Cost \$					
I declare that I am the applicant myself) has been advised of the	; that all the information in this ap amendment application	plication is true and	d correct and the ow	ner (if no		
Applicant's Signature:		Date:	1 1			

Applicant's Signature:	Date:	1	I



## APPLICATION TO AMEND PLANS UNDER SECONDARY CONSENT

CHECKLIST:				
	Fees paid			
	<b>Current Certificate of Title included</b>			
	3 full sets of revised plans submitted			