



**LOCAL PLANNING SCHEME NO. 4
 MODIFICATION TO PLANNING APPROVAL**

OWNER DETAILS

Name:

Address:

Phone: Work	Home	Mobile
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Email:

Signature:	Date:
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Signature:	Date:
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*The signature(s) of the land owner(s) are required on all applications.
 This application will not proceed without those signature(s).*

APPLICANT DETAILS

Name:

Address:

Phone: Work	Home:	Mobile:
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Email:

Signature:	Date:
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Contact person for correspondence:

The information and plans provided with this application may be made available by the local government for public viewing in connection with the application. Yes No

PROPERTY DETAILS

Lot No:	House/Unit No:	Street Name:	Suburb:
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Proposal:

Original Planning Approval ID:	Original Planning Approval Date:
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MODIFICATION DETAILS

Description of the proposed modification:

OFFICE USE ONLY

Acceptance Officer's initials: SOM Ref No