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| **csc_primary_logo** | **Objection To Grant A Planning Permit**  *Planning and Environment Act 1987* |

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| |  |  | | --- | --- | | **The Land** | | | Address of the land | |  |  |  | | --- | --- | --- | | Street No: | Street Name: | | | Lot No: | On LP/PS No: | | | Suburb: | |  | | | | |
| **Permit** | | |
|  | | |  |  | | --- | --- | | Permit number: |  | |
|  | | |
|  | What are the reasons for your objection?   |  | | --- | |  | | |
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|  | How will you be affected by the granting of a permit?   |  | | --- | |  | | (if there is not enough room, attach a separate page) | | |

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| |  |  | | --- | --- | | **Objector details** | | | The person you want council to communicate with about the objection.  . | |  |  | | --- | --- | | Name: | | | Organisation: | | | Postal Address: | | |  | Postcode: Click here to enter text. |  |  | | --- | | Please Indicate your preferred contact method by numbering in order of preference |      |  |  |  | | --- | --- | --- | | Contact phone: |  |  | | Mobile phone: |  |  | | Email: |  |  | | Fax: |  |  | | | | |
| **This form must be signed**  **Remember** it is against the law to provide false or misleading information | |  | | --- | |  | | Signature: | |  |  |  | | --- | --- | | Date: |  | |  |  | | *This information is being collected in accordance with the Planning and Environment Act 1987. If all requested information is not received, Council may not be able to process your or objection.*  *\*Please note if the objection is provided to another party to the application, your personal information will be redacted.* | | | |
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| **Lodgement** | | |
| **Lodge the completed and signed form**  For help or more information | Mail:🖃  Shire of Campaspe  PO Box 35  ECHUCA VIC 3564  Telephone: 🖩 Planning Department (03) 5481 2200 and Fax: (03) 5481 2290  Email: shire@campaspe.vic.gov.au  Website: www.campaspe.vic.gov.au | |
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