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| **csc_primary_logo** | **Withdrawal of Objection to Planning Permit**  *Planning and Environment Act 1987* |

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| |  |  | | --- | --- | | **The Land** | | | Address of the land | |  |  |  | | --- | --- | --- | | Street No:Click here to enter text. | Street Name:Click here to enter text. | | | Lot No:Click here to enter text. | On LP/PS No:Click here to enter text. | | | Suburb:Click here to enter text. | |  | | | | |
| **Permit** | | |
|  | |  |  | | --- | --- | | Permit number: |  | | |
| |  |  | | --- | --- | | **Objector details** | | | I hereby withdraw my objection to the above application.  . | |  |  | | --- | --- | | Name: Click here to enter text. | | | Organisation: Click here to enter text. | | | Postal Address: Click here to enter text. | | |  | Postcode: Click here to enter text. |  |  | | --- | | Please Indicate your preferred contact method by numbering in order of preference |      |  |  |  | | --- | --- | --- | | Contact phone: Click here to enter text. |  |  | | Mobile phone: Click here to enter text. |  |  | | Email: Click here to enter text. |  |  | | Fax:Click here to enter text. |  |  | | | | | |
| **This form must be signed** | | |  | | --- | |  | | Signature:Click here to enter text. | |  |  |  | | --- | --- | | Date: | Click here to enter text. | | |
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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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