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| **csc_primary_logo** | **Request for the****Preparation of a Section 173 Agreement****Planning Department***Planning & Environment Act 1987* |

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| **The Land** |
| Address of the land |

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| 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. |
| Lot No:Click here to enter text. | On LP/PS No: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. |  |

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| **Permit** |
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| Permit Number: | Click or tap here to enter text. |
| Condition Number: | Click or tap here to enter text. |

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| **Declaration** |
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| As owners of the land I/ We.. Click here to enter text. ………….. authorise the Campaspe Shire Council to instruct Council’s Solicitor, Dawes & Vary Riordan to prepare the Section 173 Agreement required under the above planning permit condition.When prepared we require the agreement to be sent to us care of our consultantsClick here to enter text. ……………………………………….atClick here to enter text. …………………………………………………….We also understand that we will receive an invoice from Dawes & Vary Riordan for the full cost of the preparation of the agreement in due course and undertake to pay these costs in accordance with the requirements of the planning permit. |
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| **Applicant details**Provide details of the applicant. |
| The person you want council to communicate with about the application.**Note** if the applicant is not the owner of the land, it is the responsibility of the applicant to inform the owner of the application. |

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| 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. |

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| Please Indicate your preferred contact method by numbering in order of preference |

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| 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. |  |[ ]

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| **Land Owner Signature** |
| **This form must be signed****Remember** it is against the law to provide false or misleading information | **I declare that the above information is true and correct and that no planning permit is required.**

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| **Name:**Click here to enter text. |
|  |
| Signature:Click here to enter text. |

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| 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 CampaspePO Box 35ECHUCA VIC 3564In Person: 🚹If you wish to submit the application in person please call on the number below to arrange an appointment time to meet with a Planning Officer.Telephone: 🖩 Planning Department (03) 5481 2200 and Fax: (03) 5481 2290Email: shire@campaspe.vic.gov.auWebsite: www.campaspe.vic.gov.au |