Request to Extend Currency Period Application Form

Section 86 of the Planning Act 2016

ABN 95399253048 Telephone 1300 790 919

Postal PO Box 2292 Yeppoon 4703 Enquiries <u>enquiries@livingstone.qld.gov.au</u>



Privacy Notice: Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of processing your application. The Council is authorised to do this under section 369 of the Planning Act 2016 and the Building Act 1975.

Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorized by law.

Purpose

Applicant details

This application form is to be used for the request to extend the Currency Period of an existing development approval under Section 86 of the *Planning Act 2016*, before the approval lapses.

Note: All terms used in this form have the meaning given under the Planning Act 2016, the Planning Regulation 2017, or the Development Assessment Rules.

PART 1 – APPLICANT DETAILS

Applicant name(s) (individual or company full name)

Contact name (only applicable for companies)				
Postal address (P.O. Box or street address)				
Suburb				
State				
Postcode				
Country				
Email address				
Contact telephone number				
Applicant's reference number(s) (if applicable)				
Note: section 86(2A) of the Yes – the written conse No – proceed to part 2 PART 2 – DETAILS Conseived the existing section and the section are section as the section are section.	nt of the owner(s) is attach	ned to this e	xtension application.	
Approval type	Reference number		Date of approval	
☐ Development permit ☐ Preliminary approval Lot and Plan number				
Lot and I lan number				

Details of existing approval Please include details of all existing approvals. Such as the nature and the purposed of the development, any applicable change approval, any applicable extension approval etc. Please advise if a separate document is attached to this request.
Summary and justification of the extension request Please detail the reason for the extension and the timeframe of the extension. Please advise if a separate document is attached to this request.
Referral agencies Were there one or more referral agencies involved in the original approval?
☐ Yes – please provide further details below.☐ No – proceed to part 3

PART 3 – APPLICANT DECLARATION

Applicant declaration

Note: It is unlawful to intentionally provide false or misleading information.

By making this change application, I declare that all information in this change application is true and correct.

☐ YES

Where an email address is provided on this form, I consent to receive future electronic communications from the responsible entity and any relevant affected entity or referral agency for the application where written information is required or permitted pursuant to sections 11 and 12 of the Electronic Transaction Act 2001.

Payment Options

Refer to Council's Current Fees and Charges for details.

Payment must be made when the form is submitted - forms will not be processed until payment is received.



ONLINE SERVICES - Visit www.livingstone.qld.gov.au/onlineservices and click on Payments.



MAIL - Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703.



IN PERSON - You can pay this account at any of Council's Customer Service Centres:

Yeppoon (Town Hall), 25 Normanby Street or Emu Park (Library), 7-9 Hill Street