

CENTRAL COAST COUNCIL

PO Box 220

749 King Edward Street

ULVERSTONE TASMANIA 7315

Ph: (03) 6429 8900

Email: planning@centralcoast.tas.gov.au

www: centralcoast.tas.gov.au



Land use Planning and Approvals Act 1993

Central Coast Interim Planning Scheme 2013

PLANNING PERMIT APPLICATION

Office use only:

Zone:

Permit Pathway – NPR/Permitted/Discretionary

Use or Development Site:

Site Address

Certificate of
Title Reference

Land Area

Heritage Listed Property

NO

YES

Applicant(s)

First Name(s)

Surname(s)

Company name
(if applicable)

Contact No:

Postal Address:

Email address:

Please tick box to receive correspondence and any relevant information regarding your application via email.

Owner(s) (note – if more than one owner, all names must be indicated)

First Name(s)

Middle Names(s)

Surname(s)

Company name (if applicable)

Postal Address:

PERMIT APPLICATION INFORMATION

(If insufficient space for proposed use and development, please attach separate documents)

"USE" is the purpose or manner for which land is utilised.

Proposed Use

Use Class

Office use only

"Development" is the works required to facilitate the proposed use of the land, including the construction or alteration or demolition of buildings and structures, signs, any change in ground level and the clearing of vegetation.

Proposed Development (please submit all documentation in PDF format to planning@centralcoast.tas.gov.au separating A4 documents & forms from A3 documents).

Value of the development – (to include all works on site such as outbuildings, sealed driveways and fencing)

\$..... Estimate/ Actual

Total floor area of the developmentm²

Notification of Landowner

If land is NOT in the applicant's ownership

I, _____, declare that the owner/each of the owners of the land has been notified of the intention to make this permit application.

Signature of Applicant

Date

If the application involves land within a Strata Corporation

I, _____, declare that the owner/each of the owners of the body corporation has been notified of the intention to make this permit application.

Signature of Applicant

Date

If the application involves land owned or administered by the CENTRAL COAST COUNCIL

Central Coast Council consents to the making of this permit application.

General Managers Signature _____ Date _____

If the permit application involves land owned or administered by the CROWN

I, _____ the Minister
 responsible for the land, consent to the making of this permit application.

Minister (Signature) _____ Date _____

NB: If the site includes land owned or administered by the Central Coast Council or by a State government agency, the consent in writing (a letter) from the Council or the Minister responsible for Crown land must be provided at the time of making the application - and this application form must be signed by the Council or the Minister responsible.

Applicants Declaration

I/ we _____
 declare that the information I have given in this permit application to be true and correct to the best of my knowledge.

Signature of Applicant/s _____ Date _____

Office Use Only	
Planning Permit Fee	\$
Public Notice Fee	\$
Permit Amendment / Extension Fee	\$
No Permit Required Assessment Fee	\$
TOTAL	\$
Validity Date	

INFRASTRUCTURE SERVICES INFORMATION REQUEST

Site of Proposed Development

Street Address

Certificate of Title Reference

Applicant

Contact Name

Company

Postal Address

Phone No. Mobile No.

Email Address

	YES	NO
Does the development propose to construct a new crossover?	<input type="checkbox"/>	<input type="checkbox"/>
Does the development propose to increase existing crossover width to more than 3.6m?	<input type="checkbox"/>	<input type="checkbox"/>
Does the development require removal of any vegetation from within the road reserve or outside the property boundary?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Declaration

I, (Print Name)
 declare the information I have given in this application to be true and correct to the best of my knowledge.

Signature of Applicant Date