

Copy of Planning Permit Request Form

For permits previously issued by the City of Launceston

APPLICANT: The contact person/company in relation to the application

Title Given Name/s

Surname Date of Birth / /

Unit/Street No Street

Suburb State Postcode

Phone H B M

Email

Postal Address (if different from street address)

Suburb State Postcode

The Planning Authority will correspond with you by email unless you request an alternative method.

THE LAND: Address and title information for the subject site

Unit/Street No Street

Suburb State Postcode

Owner/s Name

Owner/s Phone H B M

Please tick one of the following -

- All planning permits available for the subject site
- Request for a specific planning permit DA_____/_____

Are you the owner of the property?

Yes
 No

An application will only be accepted if the applicant is the owner of the property or provides authorisation from the property owner/s with signatures provided on this form.

I acknowledge that a non-refundable fee of \$48.50 is payable at the time of application for document seaches and provisions of electronic documents.

Applicant Signature _____ Date / /

As the owner/s of the property I provide consent to the Council to release copies of planning permits and associated documents to the applicant.

Owner/s Signature _____ Date / /

Personal Information Protection Statement

As required under the *Personal Information Protection Act 2004*

1.	Personal information is managed in accordance with the <i>Personal Information Protection Act 2004</i> and may be accessed by the individual to whom it relates, on request to Launceston City Council.
2.	Information can be used for other purposes permitted by the Local Government Act 1993 and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of Launceston City Council, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
3.	Failure to provide this information may result in your application not being able to be accepted or processed.

File No.					
EO		OD		Box	
Doc. No.					
Action Officer			Date Received		