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 search fee is payable at the time of application of \$136.00 for provision of electronic documents - non residential per address per hour and \$68.00 for provision of electronic documents - residential property per address for document seaches and provisions of electronic documents.									
Applicant Signature				D	ate	/	/		
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.									
Owr	ner/s Signature			D	ate	/	/		
Personal Information Protection Statement As required under the Personal Information Protection Act 2004 1. Personal information is managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates, on request to Launceston City Council.									
2.									
3. Failure to provide this information may result in your application not being able to be accepted or processed.									
		File No.							
		EO		OD		Вох			
	Doc. No.								

Action Officer

Date Received