

Objection to the Grant of a Planning Permit

Under section 57 of the Planning and Environment Act 1987



PO Box 655
Ballarat Vic 3353
AUSTRALIA
www.ballarat.vic.gov.au
Ph: 53205500

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

Fields marked with an asterisk (*) are mandatory and must be completed.

Council Specific Information

PLEASE NOTE OBJECTIONS ARE NOT CONFIDENTIAL – as required by S57 of the Planning & Environment Act, Council must make a copy of every objection available to any person to inspect, free of charge, during business hours.

PETITIONS & MULTIPLE SIGNATORIES

Petitions are counted as 1 objection regardless of the number of signatories. Separate objections are required from each petitioner if you wish to have objector status and appeal rights otherwise only the first signatory OR any other person as directed, will be registered as an objector.

Objector details

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Details

ABN	ACN
<input type="text"/>	<input type="text"/>
Company Name	Business Name
<input type="text"/>	<input type="text"/>

Postal Address

Street Address*		
<input type="text"/>		
Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Affected property address (if different from above)

Street Address*		
<input type="text"/>		
Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Details

Please provide at least one phone number and include the area code *

Business Phone	After hours phone	Business Fax	Mobile
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
Email			
<input type="text"/>			

Objector contact (representative) – NOTE If details are entered below, all correspondence will be made through the applicant contact (representative) as below e.g. consultant, planner, architect

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Details

ABN

ACN

Business Name

Company Name

Address

Street Address*

Suburb / Town*

State *

Postcode *

Contact Details

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

Planning permit application details

What is the permit application number to which you object? *

Who has applied for the permit? Name of applicant *

Address

Choose the type of formal land description *

Street Address

Lot/ Plan

Crown allotment

Other (if no other land description applies)

Street address *

Suburb Town *

State *

Post Code *

Lot / Plan

Lot number

Plan type and numbering (existing)

Crown allotment number

Section number

Block

Portion

Subdivision

Parish OR Township name

Other (where no address or formal land description relevant - e.g. street furniture, bus shelter advertising)

What is Proposed? *

Objection Details

What are the reasons for your objection? *

How will you be affected by the grant of a permit? *

Acknowledgement

- Copies of objections/submissions lodged with the Responsible Authority will be made available to the public and copies may be made to interested parties for the sole purpose of enabling consideration and review as part of a planning process under the Planning and Environment Act 1987.
- may refuse this objection after review of the information provided.

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at:
<http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

Lodgement

If you intend to post or fax this form please use the details provided below:

City of Ballarat
PO Box 655
BALLARAT VIC 3353

Telephone: 03 53205500
Fax: 03 5333 4061
Email: ballcity@ballarat.vic.gov.au
Website: www.ballarat.vic.gov.au