

Request to Change an Existing Approval (Extension to Lapsing Date)

** Indicates mandatory information.



1. Applicant Details:

****Name:**
****Contact Person**
(if applicant is a company):
****Postal Address:**
Phone Number:
Fax Number:
Email address:

2. Details of Existing Approval:

****Incert Application Number:**

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3. Property Details:

****Lot and Plan Details:**

Lot

4. Details of Requested Changes:

****Additional Time Requested**
Please note only one extension will be granted
and the maximum period extended will be:
12 months for Class 1A buildings and Class 10
buildings or structures or;
2 years for Class 2 – 9 buildings.

****Reason extension required:**

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Signature:

Authorised Signature on Behalf of the Client: _____

Date: _____