

APPLICANT DETAILS

Request Historical Search of Planning Records

name:		
Postal Address:		
Phone No.:	Email:	
PROPERTY DETAILS THAT I	NFORMATION IS BEING REQ	UESTED FOR
Number: Street/I	Road:	
Town:		
Title details (e.g. lot and plan r	number)	
REASON FOR REQUEST		
SPECIFY PERMIT DETAILS I	F KNOWN	
Documents will be emailed if a copy of the documents reques	an email address is supplied. If r	no email address is supplied a nal photocopying charges may be
	o <i>tion)</i> within 3-7 business days - \$14 cessed within 1-2 business da	
fees are related to the time inv		pay the applicable fees and that the lof records and that no refund will or or omitted.
Applicants Signature:		Date:
Please note copyright laws may ap any costs incurred as a result of an		ncil will not accept any responsibility for

Privacy Statement: Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 2020 or other relevant legislation. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she/they may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.

CORANGAMITE SHIRE COUNCIL

Planning Department

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