

BUILDING ACT 1993 BUILDING INTERIM REGULATIONS 2017

REGULATION 315 (4)

APPLICATION FOR AN EXTENSION OF TIME TO BUILDING PERMIT

# TO: The Building Surveyor

Applicant: (*Owner/Agent of owner*)….………….…………..………………….………………………………………………………………..….……

Of (Full address) …..….………….…………..………………….………………………………………………………………..….………….…………..……

Phone No: …..….………….…………..…… Fax: ….………….………………… Email: ……………………………………………………………..

Project Address : ………………….………………………………………..………………….………………………………………..…………………

Building Permit Number: ………..………………….……………………… Date of Issue: --- / --- / ------

I hereby request permission to extend the above building permit for a period of ………..………………….…………. months

**Privacy Statement:**

**The personal information is being collected by Council for Building information in accordance with the Building Act 1993. Your information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council’s Privacy Policy at ;** [**https://www.wyndham.vic.gov.au/privacy-policy**](https://www.wyndham.vic.gov.au/privacy-policy)

# Reasons for requesting extension:

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# Status of project/building work still to be completed:

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**SIGNATURE of \*** **Owner/Agent of Owner**: ………………………………………………………………… **DATE:** --- / ---- / -------  
***(\*Circle the relevant one)***

**FOR OFFICE USE ONLY:** (314000.4211(W) or 3140000.4212(O)  
**FEE**: **$100.00** **Date Paid:**  --- / --- / ------ **Receipt No**. ………………. **Examination by .........................**

**on**: --- / --- / ------ **Approval Number:** ………………. **Issued on: --- / --- / ---------**

CREDIT CARD PAYMENT FORM

# To: Wyndham City Council – Building Services

FROM: …………..…………..…………..…………..……..….………….…………..………………….……………………………………………………………

PAYMENT FOR**:** …………..…………..…………..…………..……..….………….…………..…….……………………………………………………………

□BANKCARD □MASTERCARD □ VISA

Card Number   
□□□□ □□□□ □□□□ □□□□

EXPIRY DATE ……..….…… /……..….……

CARD HOLDER’S NAME …………..…………..……..….………….…………..……………….……………..…………..…………..……..….……………

AMOUNT …………..…………..……..….………….…………..……………………

| Signature (I declare that the information supplied is true and correct). |  | Date |  |
| --- | --- | --- | --- |

CONTACT PHONE NUMBER: …………..…………………………..…………..

Wyndham City, 45 Princes Highway, Werribee  
Phone: (03) 9742 0777  
Fax: (03) 9742 6355