 

BUILDING ACT 1993

BUILDING REGULATIONS 2018

REGULATION 59

APPLICATION FOR AN EXTENSION OF TIME TO BUILDING PERMIT

**To: The Building Surveyor**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*Owner/Agent of owner)**

**of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full address)**

## Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## BUILDING PERMIT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I hereby apply for permission to extend the above building permit for a period of\_\_\_\_\_\_\_\_\_\_\_\_\_\_months

***Note:*** *An application to extend the building permit MUST be lodged before the building permit lapses, otherwise an application for a new building permit is required.*

**Reasons for requesting extension:**

|  |
| --- |
|  |
|  |

|  |
| --- |
|  |

**Status of project/Building Work still to be completed:**

|  |
| --- |
|  |
|  |
|  |

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Owner/Agent of Owner) \* Delete as applicable**

**Privacy Notification:**

**The personal information requested on this form is being collected by Council 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)

**FOR OFFICE USE ONLY:** (314000.4211(W) or 3140000.4212(O)

Fee: $150.00 Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examination by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Payment Form

TO: Wyndham City Council – Building Services

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT FOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□BANKCARD □ MASTERCARD □ VISA

**CARD NO**□□□□ □□□□ □□□□ □□□□

EXPIRY DATE: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

CARD HOLDER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
I declare that the information supplied is true and correct

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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