

Cloncurry Shire Council

FRM-WES7125-16

EXTENSION APPLICATION UNDER SECTION 86 OF THE PLANNING ACT 2016

Information Privacy Act 2009 Cloncurry Shire Council is collecting your personal information in accordance with the Local Government Act 2009. The information collected on this form will be accessed by authorised Council officers or any other relevant State Government departments for the purpose of approving this application and ensuring Council records are accurate. Your information will not be accessed by any other person or agency unless you have given us permission or we are required to do so by law.

Additional pages may be attached if there is insufficient space on the form to complete any question.

Note: All terms used within this form have the meaning given under the Planning Act 2016, the Planning Regulation 2017, or the Development Assessment Rules (DA Rules).

Authorising Provisions:

Section 86 Planning Act 2016 Planning Regulation 2017 Development Assessment Rules (DA Rules)

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Further details				
Provide the currency period for this development approval.				
Identify how long this application seeks to extend the currency peri Note: reasoning to support the proposed extension should also be provided	od of this developmer	nt app	roval.	
SECTION 4: DECLARATION & SIGNATURE				
 ALL questions MUST be completed unless the form indicates o This form must be submitted to council accompanied by the app Attach extra pages if there is insufficient space on the form. 				
All terms used on the form have the meaning given in the Planning	Act 2016 or the Plani	ning R	Regulation	n 2017.
Applicant's full name				
Applicant's signature	Dat	te	/	/

SECTION 5: APPLICATION LODGEMENT

This form may be lodged as follows:

By email: council@cloncurry.qld.gov.au – scanned copy with signatures only
By post: Mail to Cloncurry Shire Council, PO Box 3, CLONCURRY QLD 4824

By fax: (07) 47 421 712

Pay in person: At Cloncurry Shire Council Administration Centre,

38-46 Daintree Street, Cloncurry

Enquires phone: (07) 47 424 100

COUNCIL USE ONI	LY
Name	Date received:
Signature	
Reference number	
Amount paid	
Receipt no	