



Application for a Planning Permit

Section 1: LAND DETAILS

Unit Number:	Street Number: 170	Street Name: Normanby Street
Town: Warragul	Postcode: 3820	

FORMAL LAND DESCRIPTION (Please complete either A or B – this information can be found on the Certificate of Title)

Option A:

Lot No:	1
Type of Plan: Please tick ✓	Lodge Plan <input type="checkbox"/> Title Plan <input checked="" type="checkbox"/> Plan of Subdivision <input type="checkbox"/>
Plan Number:	148049E

Option B:

Crown Allotment Number:	
Section Number:	
Parish/Township Name:	

Section 2: PERMIT APPLICANT

Name:	Joey Whitehead on behalf of Central Clinic			
Business:	Beveridge Williams Pty Ltd			
Postal Address:	PO Box 58			Postcode: 3820
Telephone No. (H)	0407849744	(W)		(M)
Email Address:	whiteheadj@bevwill.com.au			

Section 3: OWNER DETAILS (If different to the Applicant)

Name(s):	170 CENTRAL PTY LTD			
Postal Address:	170 Normanby Street Warragul			Postcode: 3820
Telephone No. (H)		(W)		(M)
Email Address:	manager@centralclinic.com.au			

Section 4: DEVELOPMENT COST - Estimated Cost of development for which the permit is required

75,000

Section 5: PROPOSAL You must give full details of the proposal being applied for. Insufficient or unclear information will delay your application..

For what use, development or other matter do you require a permit?

Development:

<input type="checkbox"/> Advertising Signage	<input type="checkbox"/> Development of 2 or more dwellings Qty: <input type="text"/>
<input type="checkbox"/> Agricultural Outbuildings	<input type="checkbox"/> Mixed Use Development and Reduction of Carparking
<input type="checkbox"/> Buildings and Works and Reduction in Carparking	<input type="checkbox"/> Residential Outbuildings
<input checked="" type="checkbox"/> Commercial or Industrial Buildings and Works	<input type="checkbox"/> Single Dwelling
<input type="checkbox"/> Extension / Alteration to Dwelling	<input type="checkbox"/> Telecommunications

Use:

<input type="checkbox"/> Buildings and Works and Change of Use	<input type="checkbox"/> Home Based Business
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Sale and Consumption of Liquor
<input type="checkbox"/> Change of Use and Single Dwelling	

Subdivision:

<input type="checkbox"/> Boundary Realignment	<input type="checkbox"/> 3 or more Lot Subdivison Qty: <input type="text"/>
<input type="checkbox"/> Variation/ Removal of Restriction	<input type="checkbox"/> Create an easement
<input type="checkbox"/> 2 Lot Subdivision	<input type="checkbox"/> 100 or more Lot Subdivision Qty: <input type="text"/>

Subdivision / Vegetation Removal:

<input type="checkbox"/> Native Vegetation Removal or Lopping	<input type="checkbox"/> Non Native Vegetation Removal or Lopping (ESO4)
<input type="checkbox"/> Subdivision Qty: <input type="text"/>	<input type="checkbox"/> Alteration of access RDZ1

Other:

Does the proposal breach, in any way, an encumbrance on title such as a restrictive covenant, Section 173 agreement or other obligation such as an easement or building envelope?

Yes No Not Applicable (no such covenant, section 173 agreement or restriction applies)

FURTHER DETAILS OF PROPOSAL

If yes, you should contact Council for advice as to how to proceed with the application.
‘Buildings and works to construct an extension to an existing medical centre and reduction in the required number of car parking spaces’

Section 6: EXISTING CONDITIONS Describe how the land is used and developed now.

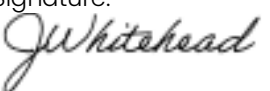
Provide a plan of the existing conditions. Photos are also helpful.

land used and developed as a medical centre

Section 7: PRE-APPLICATION MEETING Has there been a Pre-Application meeting with a Council Planning Officer?

No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/>	If yes, with whom? Theresa Gwinn
Date of this meeting	

Section 8: DECLARATION This form must be signed. Complete box A or B

A. I declare that I am the Applicant and all information given is true and correct.	Applicant signature: 	20-10-21 Date:
B. I/We the Applicant declare that I/We have notified the owner about this application and that all information given is true and correct.	Applicant Signature: 	20-10-21 Date:

CHECK LIST Please ensure you have included the following items with your application form. *Failure to provide all the information above may result in a delay in the processing of the application.*

- A fully completed and signed copy of this form.
- Full and current copy of title and title plan (no older than 60 days) for each individual parcel of land forming the subject site. The title includes: the covering register search statement, the title plan and the associated title documents (known as instruments).
- Provided plans showing the layout and details of the proposal
- Provided any information required by the planning scheme, requested by Council
- Provided a description of the likely effect of the proposal (if required)
- Completed the declaration in Section 8
- Provided a contact phone number and e-mail address

PLEASE FORWARD THIS APPLICATION TO

E-mail:	planning@bawbawshire.vic.gov.au	Mail:	Planning Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
Phone:	5624 2411		
In Person:	Customer Service Centres	1 Civic Place Warragul	OR 33 Young Street Drouin

The personal information requested on this form is being collected to enable council to consider the permit application. Council will use this information for this purpose or one closely related and may disclose this information to third parties for the purpose of their consideration and review of the application.

These third parties generally include, but are not limited to:

Transport Infrastructure Agencies such as VicRoads and VLine

Energy/Utilities Providers

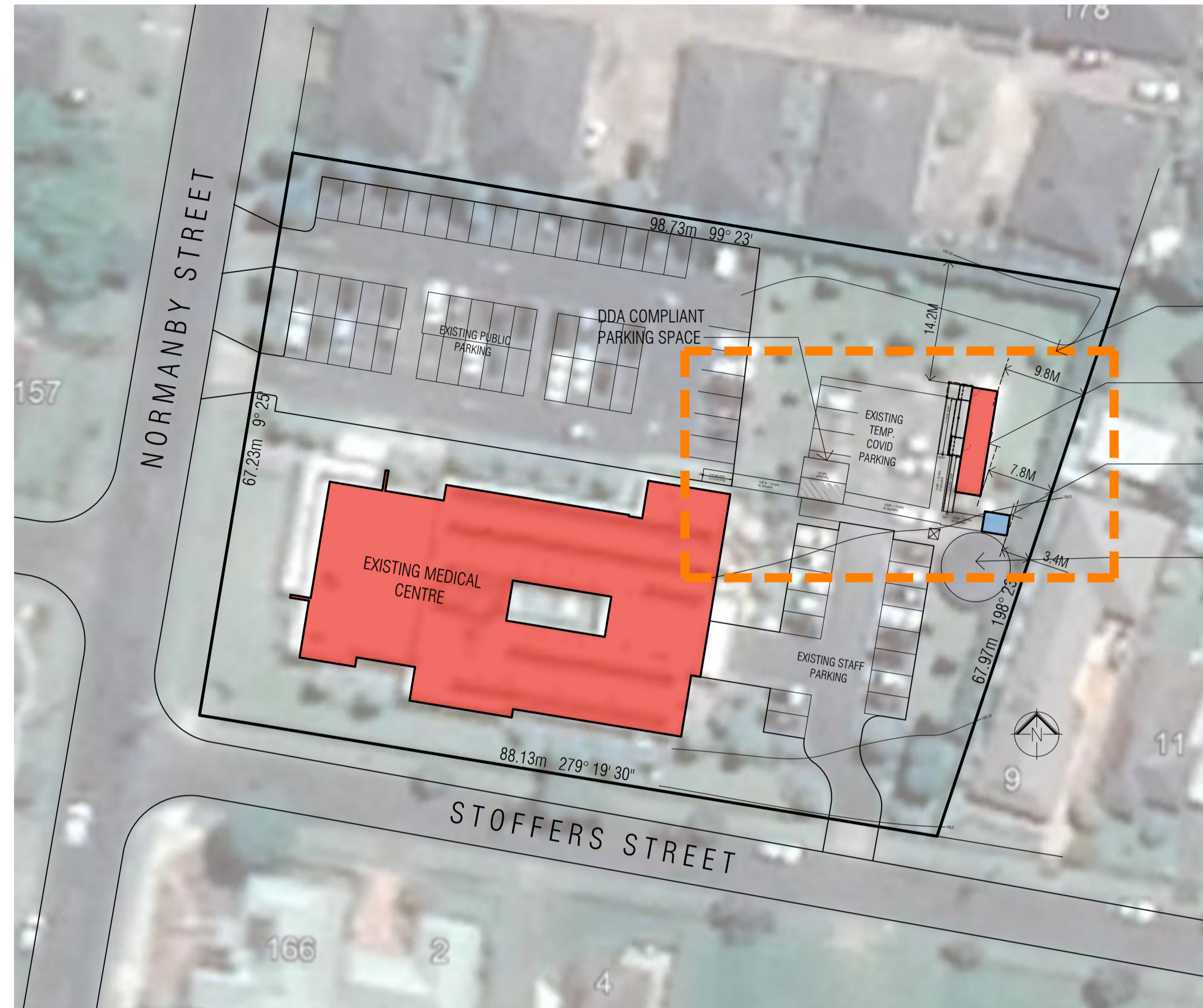
Catchment Management Authorities and Water Corporations

The specific referral bodies will be dependent on factors such as the proposed activities and the location of the applicable property. Applicants are encouraged to familiarise themselves with potential referral bodies.

Any material submitted with this application, including plans and personal information, will be made available for public viewing, including electronically, and copies may be made for interested parties for the purpose of enabling consideration and review of the application as part of a planning process specified in the Planning and Environment Act 1987.

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

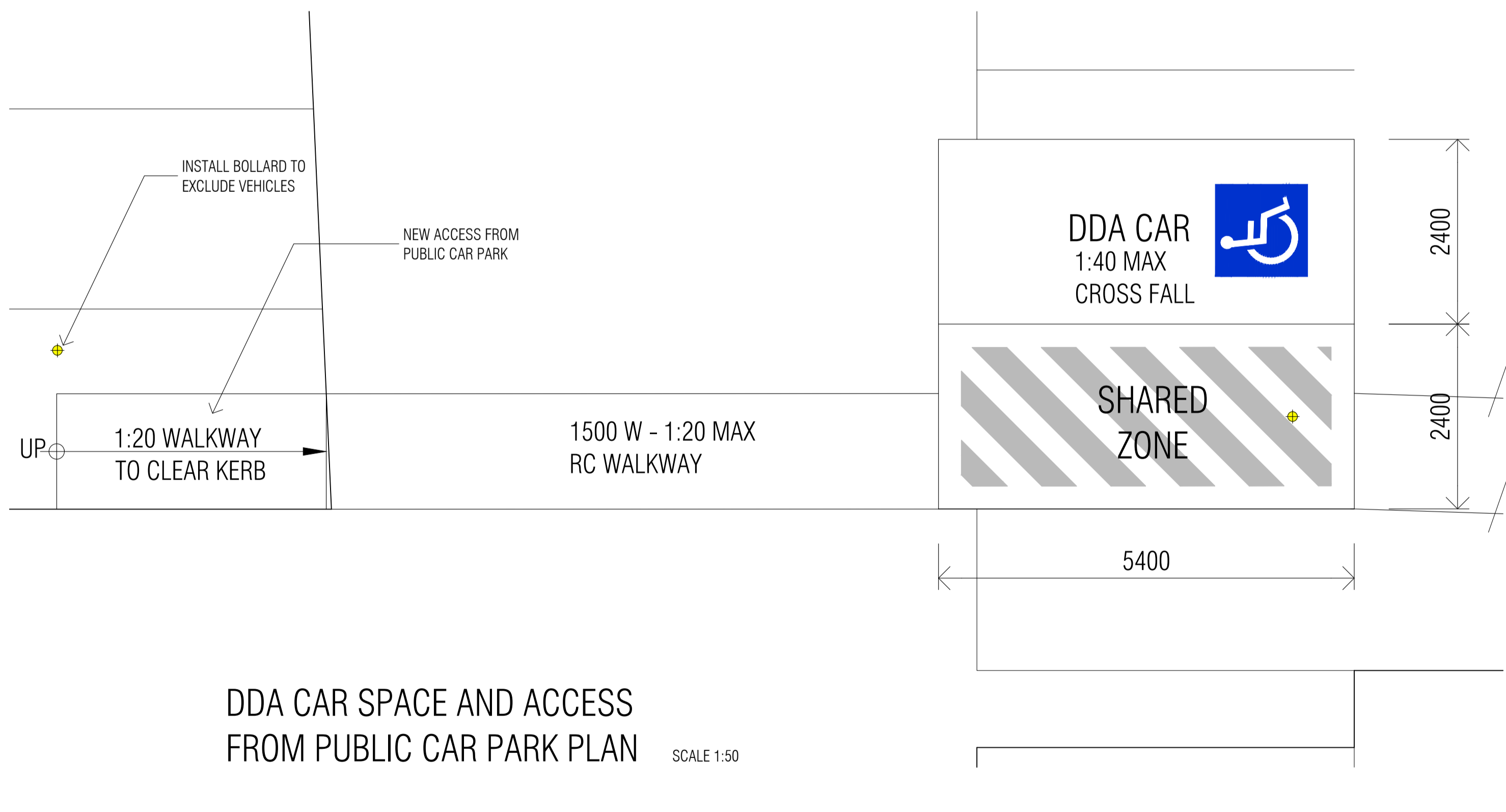
If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.



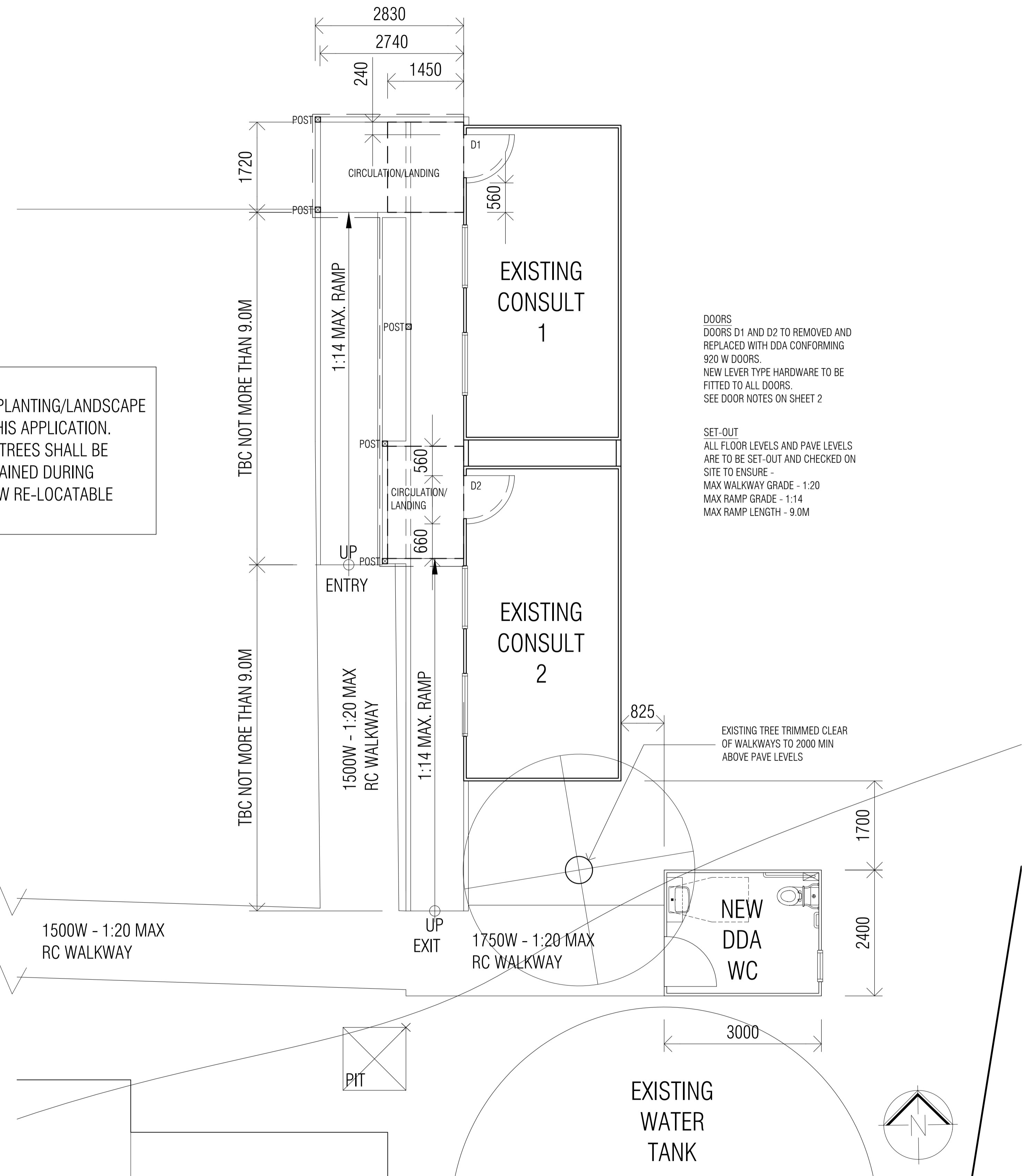
SITE/CONTEXT PLAN SCALE 1:500

- WORK ZONE
- PROPOSED 'CURRENTLY INSTALLED' CLINIC UNITS
- PROPOSED NEW DDA COMPLIANT WC UNIT
- EXISTING WATER TANK

LANDSCAPING NOTE:
THERE ARE NO NEW PLANTING/LANDSCAPE PROPOSED UNDER THIS APPLICATION. EXISTING LAWN AND TREES SHALL BE PROTECTED AND RETAINED DURING INSTALLATION OF NEW RE-LOCATABLE BUILDINGS.



DDA CAR SPACE AND ACCESS FROM PUBLIC CAR PARK PLAN SCALE 1:50



DDA WC AND RAMP ACCESS PLAN SCALE 1:50

DOORS
DOORS D1 AND D2 TO REMOVED AND REPLACED WITH DDA CONFORMING 920 W DOORS.
NEW LEVER TYPE HARDWARE TO BE FITTED TO ALL DOORS.
SEE DOOR NOTES ON SHEET 2

SET-OUT
ALL FLOOR LEVELS AND PAVE LEVELS ARE TO BE SET-OUT AND CHECKED ON SITE TO ENSURE -
MAX WALKWAY GRADE - 1:20
MAX RAMP GRADE - 1:14
MAX RAMP LENGTH - 9.0M

TEMPORARY COVID CLINIC ALTERATIONS

CENTRAL CLINIC - CNR. NORMANBY AND STOFFERS STREET, WARRAGUL.

J R DESIGN AUSTRALIA pty ltd

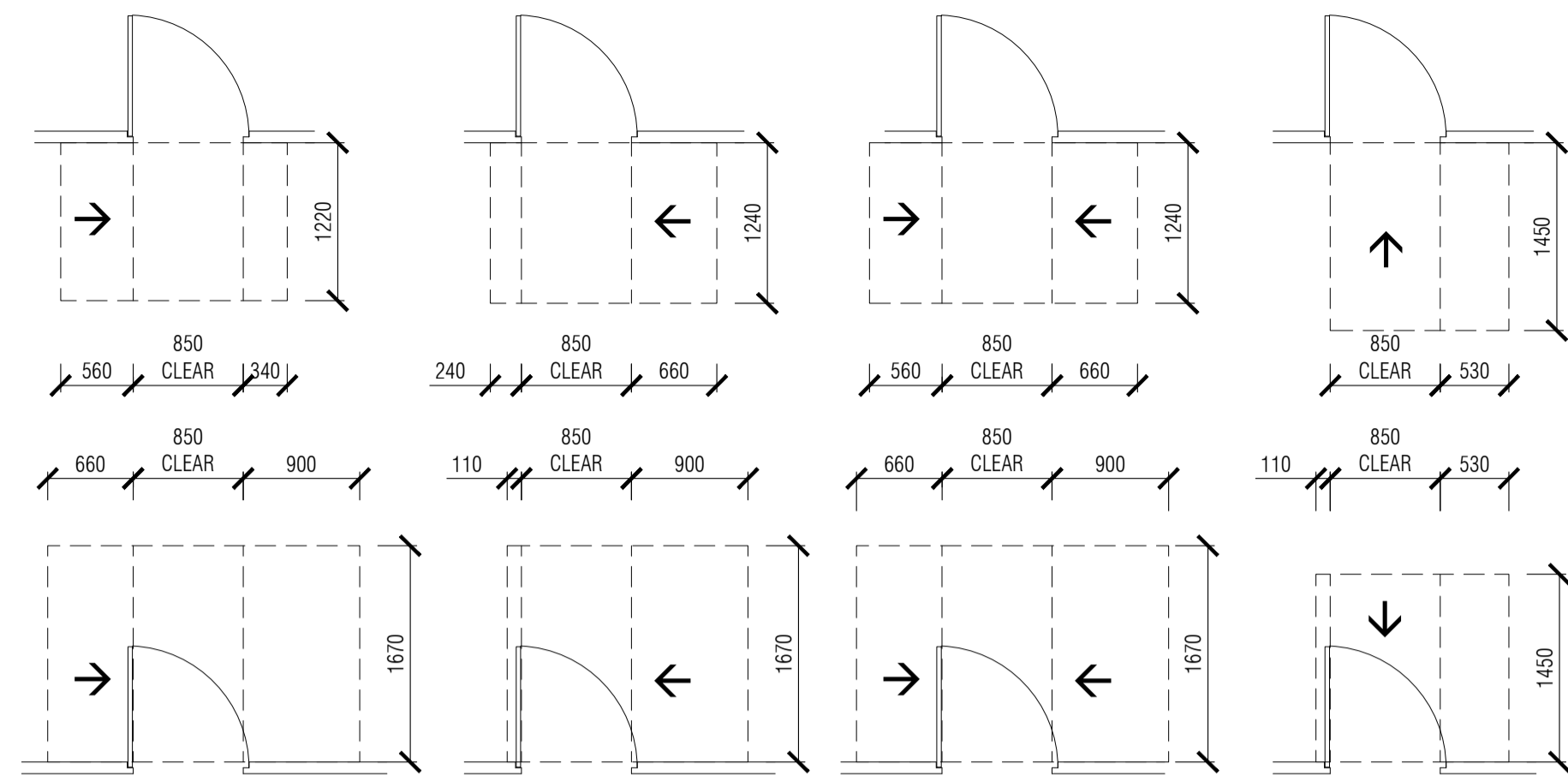
REV B - BAW BAW RFI ISSUE - 09.11.21
REV A - TOWN PLANNING ISSUE - 08.10.21

PLANS

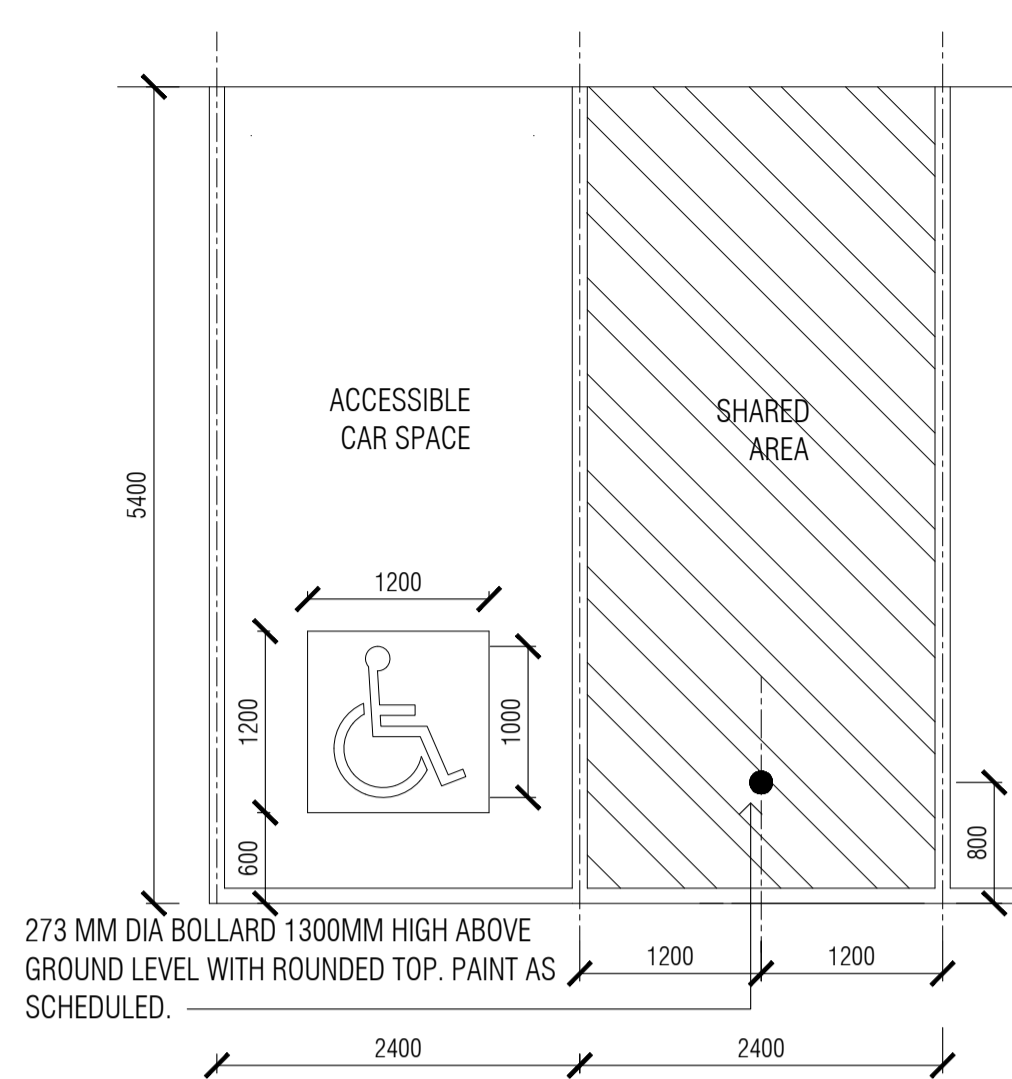
TP.01B

1:AS@A1

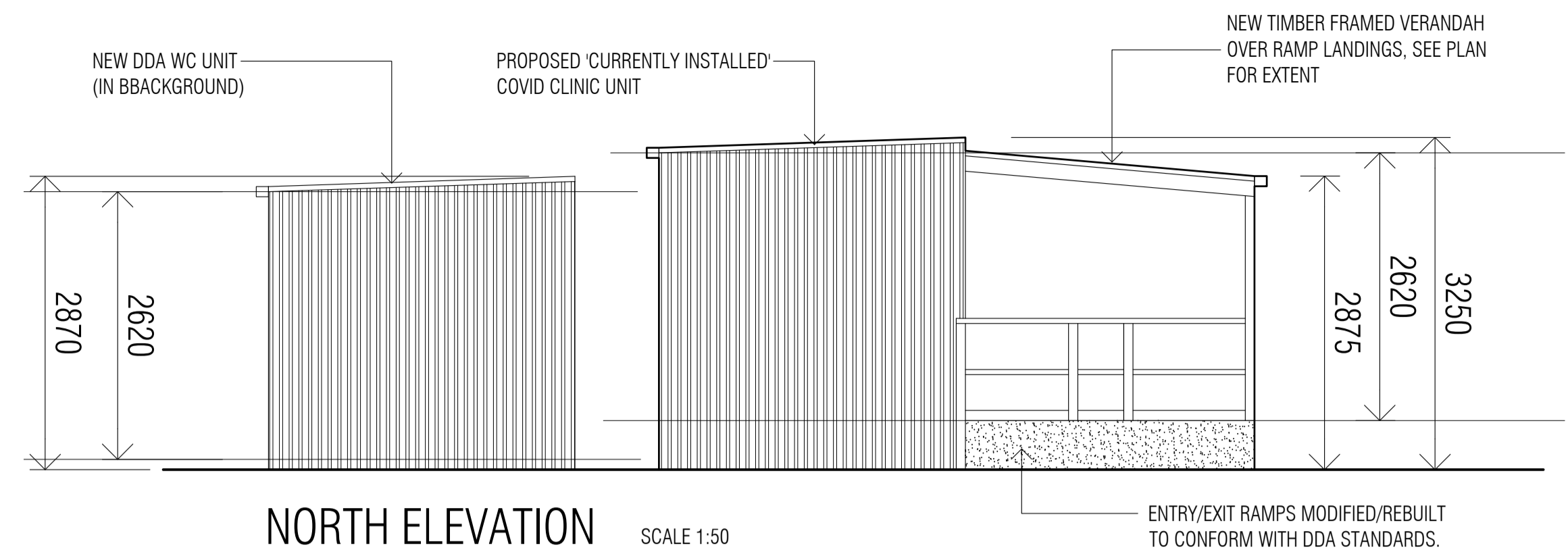
07.10.2021



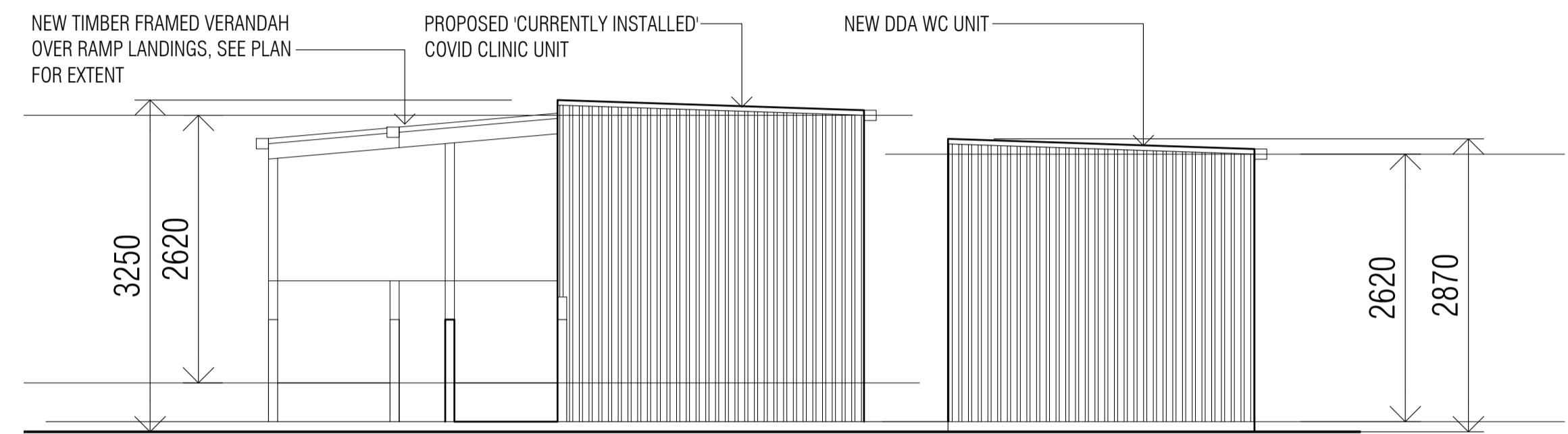
CIRCULATION SPACE AT DOORWAYS



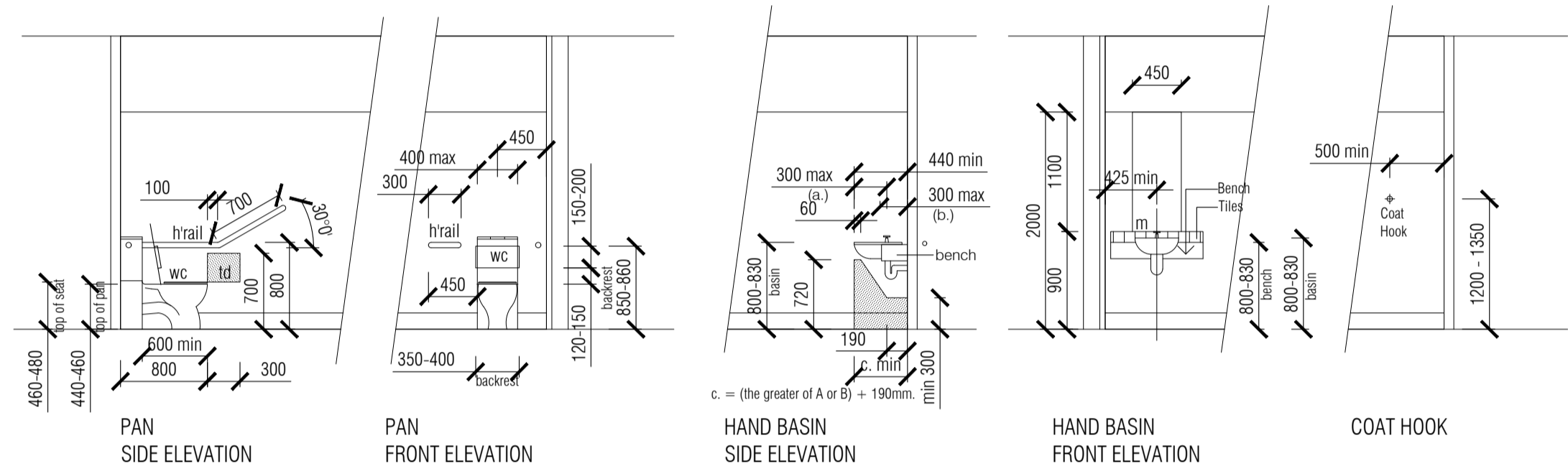
273 MM DIA BOLLARD 1300MM HIGH ABOVE GROUND LEVEL WITH ROUNDED TOP. PAINT AS SCHEDULED.



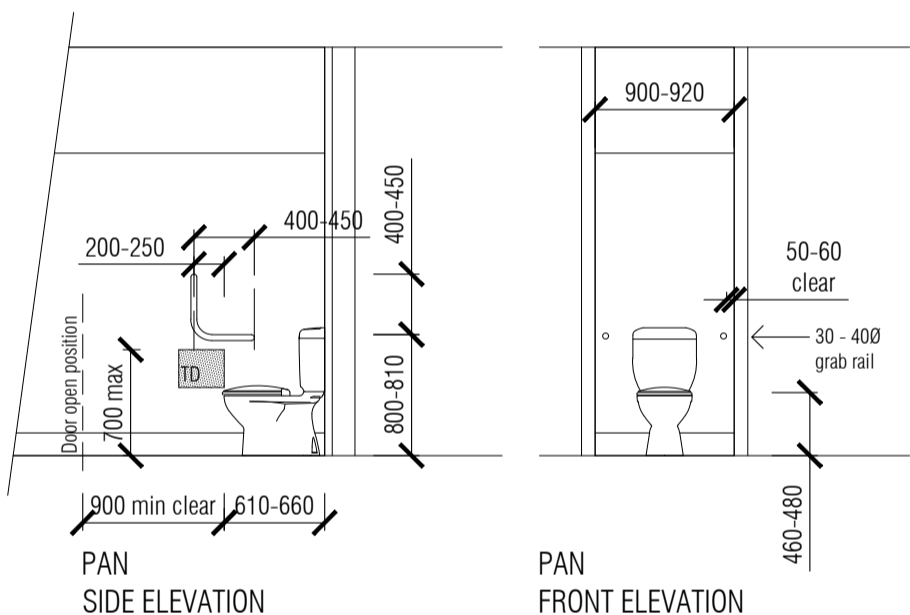
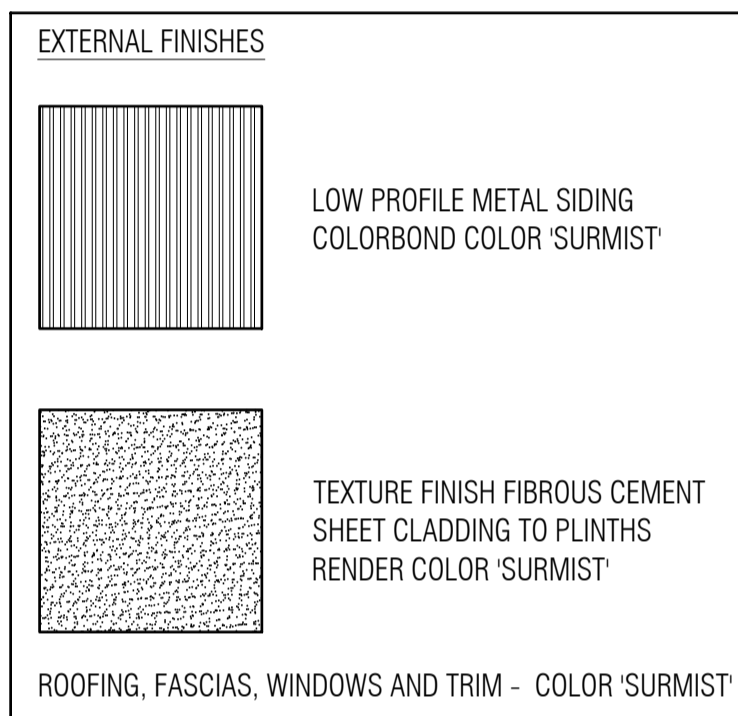
NORTH ELEVATION SCALE 1:50



SOUTH ELEVATION SCALE 1:50



DISABLED COMPARTMENT DETAILS



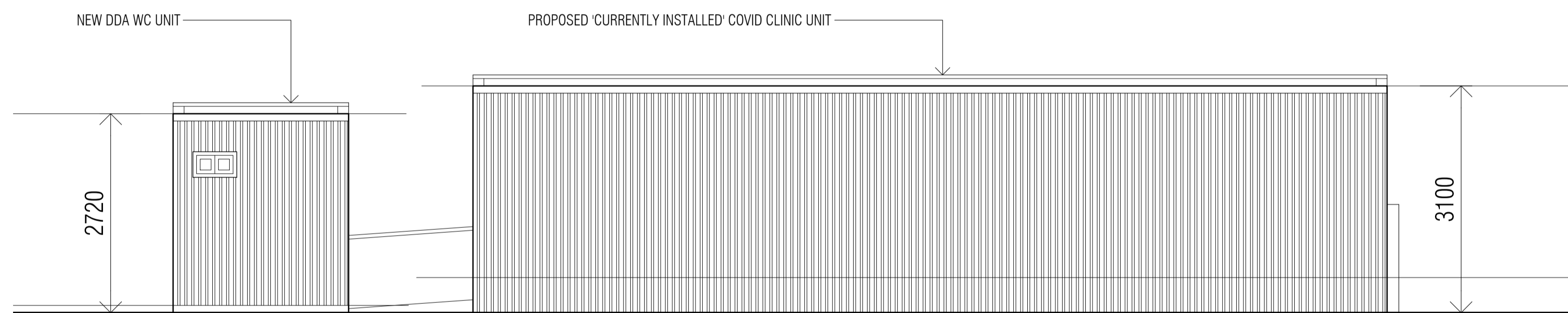
AMBULANT COMPARTMENT DETAILS

DDA NOTES:

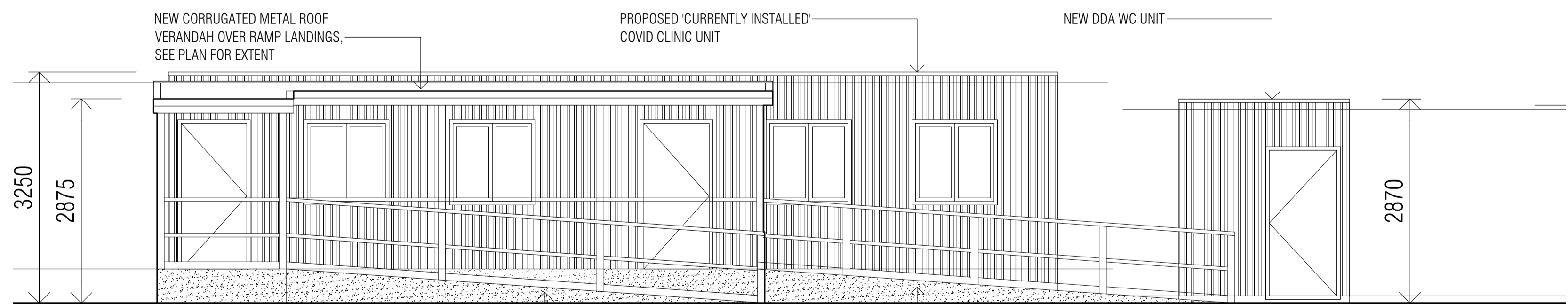
1. ALL DIMENSIONS ARE CLEAR DIMENSIONS
2. CIRCULATION REQUIREMENTS ARE NOT LIMITED TO ABOVE DETAILS. ALL WORKS SHALL BE IN ACCORD WITH AS1428.1- DESIGN FOR ACCESS AND MOBILITY.
3. REFER TO FLOOR PLANS FOR ALL LAY OUTS

DOOR NOTES.

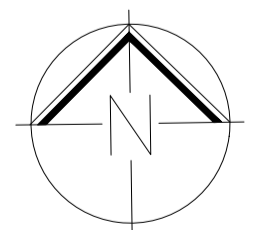
1. Diagrams are indicative only. All sizes / swings shall be confirmed on site.
2. All internal and external doors are required to have a clear opening of 850mm minimum and clear of any door jamb, door locks and latches etc in accord with AS1428.1 (i.e. doors to be a minimum of 920mm)
3. The builders selected contractor shall submit shopdrawings and details for approval prior to fabrication.
4. External windows and doors shall be sized as shown on elevations. Approved sections and dimensions shall be noted in manufacturers shop drawings.
5. Door swings to be confirmed on site.
6. Doors to sanitary compartments shall be provided with approved 'lift-off' hinges/hardware.
7. Braille signage shall be provided to disabled persons sanitary compartment door in accord with AS 1428 to comply with D3.6
 - i. Signs must be located between 1200mm and 1600mm above the floor surface with the tactile characters between 1250mm and 1350mm above the floor surface.
 - ii. Positioned on the wall on the latch side of the door (not on the door) with the leading edge of the sign located between 50mm and 300mm from the architrave.
 - iii. A second sign to be positioned at the entry end of the corridor leading to the sanitary compartments.
8. Partition doors are to match proprietary partition system as specified.
9. ALL DOOR FURNITURE TO REQUIRED EXITS MUST BE 'D' TYPE LEVER HANDLES READILY OPENABLE WITHOUT A KEY AND OPEN WITH A SINGLE HAND DOWNWARD ACTION OR PUSHING ACTION ON A SINGLE DEVICE WHICH IS LOCATED BETWEEN 900MM AND 1100MM FROM THE FLOOR.
10. FIRE DOORS SHALL BE PROVIDED WITH APPROVED SIGNAGE STATING 'FIRE SAFETY DOOR DO NOT OBSTRUCT DO NOT KEEP OPEN'.
11. - Automatic sliding doors are to be fitted with a fail - safe device to permit it to be operable under a force of less than 110N in the event of failure of power source, and, must auto open on power failure.
12. Door grilles are to be provided by mechanical contractor and installed by the builder.



EAST ELEVATION SCALE 1:50



WEST ELEVATION SCALE 1:50



PORTABLE BUILDING UNITS
 ALL BUILDINGS ARE PROPRIETARY SHEDS.
 REFER TO MANUFACTURERS ATTACHMENTS.

COVID CLINIC UNITS ARE EXISTING, THE DDA WC IS TO BE INSTALLED.

ALL UNITS AND NEW ROOFING SHALL BE 'SURFMIST' COLOBOND COLOR.

RAMPS TO BE TIMBER FRAMED AND PROVIDED WITH APPROVED NOT SLIP FLOORING/DECKING DESIGNED FOR EXTERNAL USE.