



# Request for an Extension of Time to a Septic Permit

Please make payment at the time of application.

## Section 1: PERMIT DETAILS

Application No:			
Address:			

## Section 2: PERMIT APPLICANT

Name:					
Business:					
Postal Address:				Postcode:	
Telephone No. (H)		(W)		(M)	
Email Address:					

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

Name(s):					
Postal Address:				Postcode:	
Telephone No. (H)		(W)		(M)	
Email Address:					

## Section 4: EXTENSION SOUGHT

Amount of time sought for commencement/ completion of the use and/ or development?	
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## REASON FOR EXTENSION OF TIME


## Section 6: DECLARATION This form must be signed.

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:	Date:
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**CHECKLIST** Please ensure you have completed the following items with your application

- A fully completed and signed copy of this form.
- The application fee (if not already paid).
- All necessary supporting information and documents.

**PLEASE FORWARD THIS APPLICATION TO**

<b>E-mail:</b>	<a href="mailto:Health@bawbawshire.vic.gov.au">Health@bawbawshire.vic.gov.au</a>	<b>Mail:</b>	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
<b>Phone:</b>	5624 2411		
<b>In Person:</b>	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. All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website.

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

Office Use Only					
Application Number		Date Received		Receipt number	
Notes					