

Office Use Only

Application No.:

Date Lodged: / /

Application for a Planning Permit

The Land

Address of the Land. Complete the Street Address and one of the Formal Land Descriptions.

Street Address *

Unit No:	St. No.: 13 & 140-150	St. Name: Crawley Street & Botanic Road
Suburb/Locality: Warrnambool		Postcode: 3280

Formal Land Description *

Complete either A or B

If this application relates to more than one address, attach a separate sheet setting out any additional property details.

A	Lot No.: Lot 2, Lot 2 & Lot 1	<input type="radio"/> Lodged Plan	<input type="radio"/> Title Plan	<input checked="" type="radio"/> Plan of Subdivision	No.: PS724625V, PS619541P & PS327562H
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The Proposal

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

Use and development of an education centre, display of signage and a reduction of bicycle facilities.

Clause 32.08-2 Section 2 Use (General Residential Zone)

Clause 32.08-9 Buildings and works (General Residential Zone)

Clause 52.05-2 Display of signs (Signs)

Clause 52.34-2 Reduction of bicycle facilities (Bicycle Facilities)

Estimated cost of development *

Cost \$ 13,200,000

You may be required to verify this estimate. Insert '0' if no development proposed

Existing Conditions

Describe how the land is used and developed now *

See enclosed town planning report.

Title Information

Encumbrances on title *

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, see enclosed town planning report for additional information.

No

Not applicable (no such encumbrance applies)

ADVERTISED PLAN

Applicant and Owner Details

Provide details of the applicant and the owner of the land.

Applicant *

The person who wants the permit.

Name:		
Title: Mr	First Name: Cameron	Surname: McNeill
Organisation: Myers Planning Group Pty Ltd		
Postal address:		If it is a PO Box, enter the details here:
Unit No:	St. No.:	St. Name: PO Box 207
Suburb/Locality: Warrnambool		State: VIC
		Postcode: 3280

Provide at least one contact phone number *

Contact information for applicant OR contact person below	
Business phone: (03) 5562 9443	Email: admin@myersplanninggroup.com.au
Mobile phone:	Fax: --

Where the preferred contact person for the application is different from the applicant, provide details of that person.

Name:		Same as applicant <input checked="" type="checkbox"/>
Title:	First Name:	Surname:
Organisation:		
Postal address:		If it is a PO Box, enter the details here:
Unit No:	St. No.:	St. Name:
Suburb/Locality:		State:
		Postcode:

Owner *

The person or organisation who owns the land.

Name:		
Title:	First Name:	Surname:
Organisation: McAuley Property Ltd		
Postal address:		If it is a PO Box, enter the details here:
Unit No:	St. No.: 720	St. Name: Heidelberg Road
Suburb/Locality: Alphington		State: Vic
		Postcode: 3078

Declaration

This form must be signed by the applicant *

I declare that I am the applicant, and that all the information in this application is true and correct; and the owner has been notified of the permit application.

Signature: 	Date: 14 December 2022
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Has there been a pre-application meeting with a council planning officer?

No Yes

If 'Yes', with whom?:

Date:

day/month/year

ADVERTISED PLAN