

APPLICATION TO MODIFY CONSTRUCTION OR COMPLYING DEVELOPMENT CERTIFICATE

*Environmental Planning & Assessment Regulations 1994 (792A)
Building Code of Australia*

Under the *Government Information (Public Access) Act 2009* we may be required to publicly release any correspondence or information we have on this matter, which means your personal information may not be confidential and may appear on Council's website.

Political Donations and Gifts Disclosure Statement forms will be kept in a public register held at Council's Administration Building and may also be available on our website.

This form is to be used if you are making changes to your Construction Certificate or Complying Development Certificate

APPLICANT'S DETAILS

NAME: _____

ADDRESS: _____

EMAIL: _____

SIGNATURE: _____

PHONE NO: _____ FAX NO: _____ DATE: _____

PROPERTY DETAILS

LOT NO: _____ DP NO: _____ HOUSE NO, UNIT NO. OR NAME: _____

STREET: _____ SUBURB: _____

APPLICATION NO: _____

DESCRIPTION OF APPROVED DEVELOPMENT: _____

ENDORSEMENT DATE: _____

CURRENT/AMENDED CONSTRUCTION COST: _____

DETAILS OF MODIFICATION(S) SOUGHT (attach additional sheets if necessary):

PROVIDE EVIDENCE THAT THE MODIFICATION(S) DO NOT SUBSTANTIALLY ALTER DEVELOPMENT

PROVIDE TWO SETS OF PLANS INDICATING PROPOSED MODIFICATION(S) TO ACCOMPANY APPLICATION

YOUR PRIVACY

Shellharbour City Council respects your privacy at all times. When processing your application we collect personal information about you for the primary purpose of providing you with a high level of customer service.

For more information please see our *Privacy Management Plan* on our website www.shellharbour.nsw.gov.au or contact our Public Officer on 4221 6111. Information leaflets are also available at all offices and libraries.

OFFICE USE ONLY

PARCEL NO: _____ **APPLICATION NO:** _____

PAYMENT DETAILS: 50% of the fee for the original application.
\$36 Certificate Registration

Paid by CHEQUE **EFT** **CASH**

Amount \$ **Rec. No.**

DATE **Mail** **Counter**

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to procedures

Credit Card Details

Please charge my: Master Card Visa

Card Number _____ Expiry Date __/ __

Card Holder's Name _____ Amount \$ _____

Signature _____ Phone (____) _____

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