

Application to Amend or End a Section 173 Agreement

Statutory Planning

Use this form to amend or end a Section 173 Agreement under section 178A of the Planning and Environment Act 1987.

Need Help?

Please contact Statutory Planning if you need help completing this form or if you are unsure about the information we need to process the application. You can also visit www.maroondah.vic.gov.au to find out more about the application process and how to ensure your application is complete.

Address of the land _____

Suburb: _____ Postcode: _____

Formal Land Description:

Lot No: _____ Lodged Plan, Title Plan or Subdivision Plan No: _____

Crown Allotment No: _____ Section No: _____ Parish Name: _____

Applicant Contact and Owner details

Applicant Contact

All communication for this application will be emailed to this contact:

Name: _____

Organisation: _____

Postal Address: _____

Postcode: _____ Mobile / Ph : _____

Email: _____

Owner:

The 'In Principle' decision for the proposal will be emailed to the owner

Same as applicant contact **OR**

Name: _____

Organisation: _____

Postal Address: _____

Postcode: _____ Mobile / Ph: _____

Email: _____

Title Information

Attach a full, current copy of title for all lots that make up the land.

Describe how the land is used and developed now.
eg. Vacant land, single dwelling, shop, factory, licensed restaurant with 80 seats, farmland.

In the case of a proposal to **amend** an agreement, please clearly describe:

1) The proposed amendment;

2) The purpose of the proposed amendment;

3) Any change in circumstances that necessitates the proposed amendment;

In the case of a proposal to **end (or end in part)** an agreement, please clearly describe:

1) If the proposal is to end the agreement in part, the part of the agreement to be ended;

2) If the proposal is to end the agreement as to any part of the land, the part of the land to be removed from the application of the agreement;

3) Why the agreement or that part of it is no longer required;

Declaration This form must be signed. Complete either A, B or C.

A. Owner/Applicant

I declare that I am the applicant and owner of the land and all the information in this application is true and correct.

Signature: _____ Date: ___/___/___

B. Owner

I declare that I am the owner of the land and I have seen this application.

Signature: _____ Date: ___/___/___

C. Applicant

I declare that I am the applicant and:

- I have notified the owner about this application
- And all the information in this application is true and correct

Signature: _____ Date: ___/___/___

Remember it is against the law to provide false or misleading information, which could result in a heavy fine and cancellation of the permit.

Fees

Amend or End a section 173 agreement

\$668.80

Payment Options

Application with Cheque or Money Order can be posted to *PO Box 156 Ringwood 3134*

Applications can be made and paid in person at a Customer Service Centre as below; (except Public Holidays)

Realm-179 Maroondah Highway, Ringwood **Hours:** 9am-8pm Monday - Friday, 10am-5pm Saturday and Sunday

Croydon Service Centre- Croydon Library, Civic Square Croydon **Hours:** 9am-5pm Monday - Friday

Privacy Collection Notice

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - privacy@maroondah.vic.gov.au

OFFICE USE ONLY Payment Details (Internal Use Only)

AP: Prepayment: _____ Receipt Number: _____ Amount:\$ _____ Date Paid: ___/___/___

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Cashier Use: \$668.80

AP PP/PLAN ADD Narrative – EA – Subject Address Payment Type: Cash/ Chq/ EFTPOS

Receipt Number: _____ Amount: \$ _____

