

Office Use Only Application No.: Date Lodged:

Application for

Planning Permit

Planning Enquiries Phone: (03) 5772 0333 If you need help to complete this form, read <u>How to Complete the Application for Planning Permit form.</u>

Web: http://www.murrindindi.vic.gov.au	Any material submitted with this application, including pla available for public viewing, including electronically, and the purpose of enabling consideration and review as part and Environment Act 1987. If you have any concerns, ple	copies may be made for interested parties for		
	Questions marked with an asterisk (*) are mandatory and must be con	npleted.		
The Land				
1 Address of the land. Complete	the Street Address and one of the Formal Land Descriptions.			
Street Address *				
	Unit No.: St. No.: St. Name:			
	Cubush # appliful			
	Suburb/Locality:	Postcode:		
Formal Land Description * Complete either A or B.	A Lot No.: OLodged Plan Title Plan Plan	an of Subdivision No.: 7/8588		
This information can be found on the certificate of				
title.	B Crown Allotment No.:	Section No.:		
	Parish/Township Name: TAYLOR BAY			
The Proposal				
A You must give full details of your detail or an adequate description	proposal and attach the information required to assess the applic of the proposal you will be asked for more information. This may	ation. If you do not give enough		
2 For what use, development or other matter do you require a permit? *				
If you need help about the proposal, read: How to Complete the Application for Planning	Extension to bed v breakfast to carer for up to 18 persons			
<u>Permit Form</u>	Provide additional information providing details of the proposal, including: plans and elevations; any information required by the planning scheme, requested by Council or outlined in a Council planning permit checklist; and if required, a description of the likely effect of the proposal.			
Estimated cost of development for which the permit is required *	Cost \$ \\/ \/ \ \ \A You may be req	uired to verify this estimate.		
	Insert '0' if no development is proposed (eg. change of use, subdivision, removal of covenant, liquor licence)			
Existing Conditions				
Describe how the land is used and developed now *				
eg. vacant, three dwellings, medical centre with two practitioners, licensed restaurant with 80 seats, grazing.				
	Provide a plan of the existing conditions. Photos are also helpful.			

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Title Information					
f you need help about the title, read: How to Complete the Application for Planning Permit Form	Yes. (If 'yes' contact Council for advice or No Not applicable (no such encumbrance applicable and provide a full, current copy of the title for each	how to proceed before continuing with this application.) blies). ch individual parcel of land forming the subject site.			
		Note Constants.			
Applicant and Owner					
6 Provide details of the applicant ar	nd the owner of the land.				
Applicant * The person or organisation who wants the permit.	Name:				
	Title: First Name: JOH/	Surname: GILBERT			
·	Organisation (if applicable):	Organisation (if applicable):			
	Postal Address:	If it is a P.O. Box, enter the details here:			
	Unit No.: St. No.: 264	St. Name: TAYLOR BAY RD			
	Suburb/Locality: TAYLOR BAY	State: V/C Postcode: 37/3			
Where the preferred contact person for the application is	Contact person's details *	Same as applicant (if so, go to 'contact information')			
different from the applicant, provide the details of that	Name: Title: First Name: First Name:				
person.	CCETY OUTTON TOURNY				
	Organisation (if applicable): ELLEN HOGAN V ASS				
	Postal Address: Unit No.: St. No.:	ff it is a P.O. Box, enter the details here: St. Name: P.O. BOX 658			
	Suburb/Locality: MANSFIEC	State: V/C Postcode: 3729			
Please provide at least one contact phone number *	Contact information				
	Business Phone:	Email: ellen. hogan @ bigpond.			
	Mobile Phone: 04004/8426	Fax:			
Owner *		Company Cal			
The person or organisation	Name: Title: First Name:	Same as applicant			
who owns the land	Title: First Name:	Surname:			
Where the owner is different from the applicant, provide the details of that person or organisation.	Organisation (if applicable):				
	Postal Address:	If it is a P.O. Box, enter the details here:			
	Unit No.: St. No.:	St. Name:			
	Suburb/Locality:	State: Postcode:			
	Owner's Signature (Optional):	Date:			
		day / month / year			
Declaration					
	no applicant *				
7 This form must be signed by the Remember it is against		no information in this application in true and			
the law to provide false or misleading information, which could result in a		I declare that I am the applicant; and that all the information in this application is true and correct; and the owner (if not myself) has been notified of the permit application.			
	Signature: Date: /8/08/2016				
heavy fine and cancellation of the permit.	- Company	day / month / year			

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Need help with the A	and and			
If you need help to complete this form General information about the planning	m, read <u>How to complete the</u> ing process is available at	he Application for Planning Permit Form or contact Council's planning department. http://www.dse.vic.gov.au/planning		
or unoteal information may delay you	ent to discuss the specific rur application.	equirements for this application and obtain a planning permit checklist. Insufficient		
Has there been a pre-application meeting with a Council planning officer?	No	If 'yes', with whom?: SPOKEN 'TO MELISSA		
		Date: /8/8/20/6 day / month / year		
Checklist				
9 Have you:	Filled in the form of	completely?		
	Paid or included the	Most applications require a fee to be paid. Contact Council to determine the appropriate fee.		
	Provided all necessary supporting information and documents?			
	A Full, current copy of title information for each individual parcel of land, forming the subject site.			
	A plan of the existing conditions.			
	Plans showing the layout and details of the proposal.			
	Any information required by the planning scheme, requested by council or outlined in a council planning permit check list.			
	If required, a description of the likely effect of the proposal (eg. traffic, noise, environmental impacts).			
	Completed the relevant Council planning permit checklist?			
	Signed the declara	ation (section 7)?		
Lodgement				
Lodge the completed and signed form and all documents with:	Murrindindi Shire Cour PO Box 138 Alexandri			
	Perkins Street, A;exar	ndra VIC 3714		
	Contact information:			
	Telephone: (03) 5772	0333		
	Fax: 03 5772 2291 Email: msc@murrindir DX: 71402	ndi.vic.gov.au		



Ellen Hogan & Associates Land Development Service P.O. Box 658 Mansfield Vic 3722

18 August, 2016

Melissa Crane
Planning Department
Murrindindi Shire
P.O. Box 138
ALEXANDRA 3714

Dear Melissa

APPLICATION FOR PLANNING PERMIT EXTENSION TO BED AND BREAKFAST TO CATER FOR 18 PERSONS (GROUP ACCOMMODATION) LOT 2 PS 718583U TAYLOR BAY, EILDON

Mr. & Mrs. John Gilbert currently operate a Bed and Breakfast at the above property catering for up to 10 people.

The site is located in the Farm Zone of the Murrindindi Planning Scheme. Under the Farm Zone a planning permit is not required for a bed and breakfast if no more than 10 persons are accommodated away from their normal place of residence.

Mr. and Mrs. Gilbert wish to increase the numbers from 10 persons to 18 persons to be accommodated as part of their bed and breakfast. This would mean that up to five families could be catered for at any one time.

The land is also covered by a Bushfire Management Overlay and a Significant Landscape Overlay. There are no buildings and works associated with this application as all buildings are currently in place.

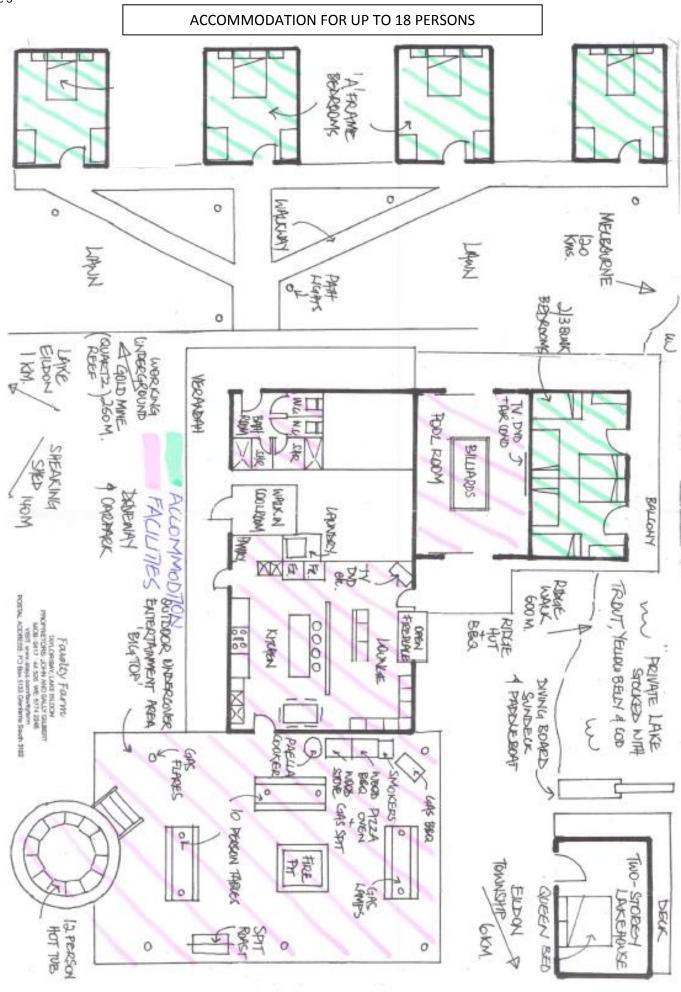
The attached plan indicates the proposed accommodation areas for the increase in guests and the utility areas to be used by those guests.

Can you please advise me if you require any further information to progress this application.

Yours faithfully

Ellen Hogan

Mobile: 0400418422 Email: ellen.hogan@bigpond.com



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