

29 Alfred Terrace, Streaky Bay SA 5680 **T:** (08) 8626 1001 **E:** dcstreaky@streakybay.sa.gov.au

# Request for Extension of Time Application for Development DCSB 03 Form 01

All sections must be completed. Any missing sections may cause delays or Council will be unable to process the lodgment.

This form is to be completed when applying to Council to extend the operative period of Planning Consent or Development Approval for a Development Application.

As per Regulation 67 of the *Planning, Development and Infrastructure (General) Regulations 2017*, when a development is granted Planning Consent, the applicant is given 2 years from the operative date in which to obtain Building Consent. Once Development Approval is granted, the applicant has 2 years from the operative date to substantially commence the development, and 3 years to substantially or fully complete.

### **FEES & CHARGES**

A fee of \$138 is payable at the time of applying for the extension of time. This fee is solely an application charge for the processing of this request. Payment of this fee does not guarantee an approval for an extension of time.

#### **APPLICANT DETAILS**

First Name:	Surr	name:				
Residential Address:		'			Postcode:	
Postal Address:					Postcode:	
Contact Phone Number:			Mobile:			
Email Address:						
Access the SA Property and Plann If multiple locations please attach  EXTENSION OF TIME DETAIL:  Development Application Number	additional property details separat		details <u>ht</u>	<u>tps://</u>	/sappa.plan.sa	a.gov.au/
Development Application Number	51					
This application is to extend the o	operative date of: (please check o	nly one	e of the fol	llowi	ng boxes.)	
☐ Planning Consent: (Planning Consent Only)	Date of Consent (from DNF)					
Development Approval: (Planning & Building)	Date of Approval (from DNF)					
	Date Extension of Time Requeste	d Until:				

<sup>\*</sup>Note – If you are unsure what type of Consent the Extension is for please contact Council on 08 8626 1001

# **LOCATION OF DEVELOPMENT**

EGGATION OF BEVELOPMENT		
House Number:	Lot Number:	
Residential Address:	Postcode:	
Assessment Number:	CT Volume/Foli	0
DESCRIPTION OF DEVELOPMENT & ASSO	OCIATED DETAILS	
Description of Development (example single-st	torey detached dwelling, domestic garage	e, office, tree removal)
REASON FOR REQUEST (please provide the below information – addition	nal sheets may be attached if required):	
Reasons why the building consent and develor	pment approval were not obtained withi	n the designated
Reasons why the development was not comme	enced or completed within the specified	period of time;
The extent of progress made, and the extent of	of works still remaining if applicable.	
The extent of progress made, and the extent o	of works still remaining, if applicable;	

The ability to complete the development if an extension of time is granted;				

## **DECLARATION**

I declare the information that I have provided on this application form is correct to the best of my knowledge and that I have the authority of any copyright holder for the public display and copying of any material I lodge.

I am aware that there may be significant changes to the Planning and Design Code where my development may have the potential to impact upon the surrounding properties or may now be in conflict and/or at variance to the current policies within the Planning and Design Code.

I, the undersigned hereby acknowledge that the payment of fees is solely an application charge for the consideration of my request and does not guarantee that my request will be granted.

Signature	Date	

# **OFFICE USE ONLY**

RECEIVING STAFF				
Application Completed Appropriately – if not return to Applicant	Yes	No		
Policy and Guidelines provided to applicant		No		
Check Skytrust – has applicant previously provided documents for registering in SkyTrust		No		
Has applicant previously been refused an application in past		No		