## Administration Centre 86 Avoca Road, Wakeley Telephone: (02) 9725-0222 Mail: PO Box 21 Fairfield NSW 1860

Mail: PO Box 21 Fairfield NSW 1860 Email: mail@fairfieldcity.nsw.gov.au www.fairfieldcity.nsw.gov.au

## APPLICATION TO EXTEND LAPSING PERIOD



(Section 4.54 of the Environmental Planning and Assessment Act)

Property description							
House / unit no.	Lot:	Section:	DP / SP:				
Street:							
Suburb:							
Parcel number/s (office use or	nly):						
Development consent info	ormation						
Development Application num							
Date of determination:							
Date consent is due to lapse:							
Description of development:	Description of development:						
Please provide a reason/s as to why you are seeking an extension to the validity of the abovementioned Development Consent.							

Political dona	tions / gifts					
	th a financial interest in this or employee of this Council					
□ <b>No</b> (no furth	ner action required)					
	The 'Political and Gifts Disclosure Statement' must be completed pursuant to Section 10.4 of the Environmental Planning and Assessment Act 1979, which is available from Council's Customer Service Team or can be downloaded from Council's website.					
If you intend to make a reportable political donation or gift in the period from the lodgement of the application up until determination of the application, a 'Political Donations and Gifts Disclosure Statement is required to be provided to Council within seven (7) days after the donation or gift is made.						
For definitions of the term "gift", "reportable political donation", "local councillor", "financial interest" and "person are associated with each other' refer to the glossary of terms on the 'Political Donations and Gifts Disclosure Statement' available from Council's Customer Service Team or can be downloaded from Council's website.						
Owners detail	s					
Title:	☐ Mr ☐ Mrs ☐ Ms ☐	Miss □ Other	☐ Mr ☐ Mrs ☐ Ms ☐	Miss □ Other		
Given Name/s:						
Surname:						
Company (if applicable):						
Address:						
		Postcode:		Postcode:		
Operators described	Hama	Malella	Henry	Adala Va		
Contact details:		Mobile:	Home:	Mobile:		
	Work:	Fax:	Work:	Fax:		
Ciamatura						
Signature:						

Title:	☐ Mr	□ Mrs	□ Ms	☐ Miss	□ Other		
Name:							
Company (if applicable):							
Address:							
	Postcode:						
Contact details:	Home:					Mobile:	
	Work:					Fax:	
E-mail:							
Signature:							Date:

Fairfield City Council Use Only							
Receipting information :							
Extension Fee - Development Planning (Code 923)	\$195.00	Receipt No:	Date: / /				
Extension Fee - Building Control (Code 805)	\$195.00	Receipt No:	Date: / /				
Extension Fee - Subdivision (Code 878)	\$195.00	Receipt No:	Date: / /				
Application processed by  (Customer Service Officer)		(name / date)					