

Local Government Consultation Request Form – Further Extension of Currency Period



Privacy Notice: Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your request to extend the currency period for a development application. The Council is authorised to do this under s97 of the *Building Act 1975*. Council deals with personal information in accordance with law including the *Information Privacy Act 2009*.

This form is to be completed when a Private Certifier wishes to extend the currency period for a development application (following the first extension) under s85(1) of the *Planning Act 2016*. Please note, private certifiers are required to consult with the local government if they wish to further extend the currency period as per s97 of the *Building Act 1975*.

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Customer Details				
Applicant name:				
Postal address:				
Preferred contact number:			Email:	
Property Owner Details				
Owner name:				
Postal address:				
Existing Approval Details				
Council's application number:			Private Certifier reference:	
Issue date:	Current lapsing date:		New proposed lapsing date:	
Site Details				
Street address:				
Street number and name		City	State	Postcode
Lot number:		Plan number:		
Request Information				
Reasoning/justification provided by the applicant/owner for the extension:				
What is the current status of the approved work? (ie. frame stage, not yet started)				
Supporting Documentation				
Please remember to provide the following supporting documentation when submitting this form:				
<input type="checkbox"/> Any available inspection advice (ie. Form 16 – Inspection Certificate/Aspect Certificate/QBCC Licensee Aspect Certificate)				
<input type="checkbox"/> A copy of the applicant/owner's request for the extension				
<input type="checkbox"/> Photos of the work (if started)				
Declaration				
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.				
Name:		Signature:		Date:

OFFICE USE ONLY	Fee amount:	Receipt number:	Date paid:	CSO:
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