

# Building Approval Amendment Request Form



**Privacy Notice:** Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when a customer wishes to make an amendment or extension to an existing development approval. Section 79 and 86 of the *Planning Act 2016* requires a copy of this request to be provided to the assessment manager, any concurrence agencies, and any other entity prescribed by legislation relating to the original application.

P: 07 4932 9000 | E: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Customer Details	
Applicant name:	
Postal address:	
Preferred contact number:	Email:
Property Owner Details	
Owner name:	
Postal address:	
Existing Approval Details	
Application number:	Date issued:
Site Details	
Street number and name:	
Suburb:	
Lot number:	Plan number:
Amendment Type	
Please identify the type of amendment required:	
<input type="checkbox"/> Extension of the period before an approval lapses ( <i>extension fees payable as per Council's fees and charges</i> )	
<input type="checkbox"/> Change the development approval ( <i>change application fees payable as per Council's fees and charges</i> )	
<input type="checkbox"/> Change either the applicant's or builder's name associated with the application ( <i>a new DA Form 2 is to be provided with the request and fees payable as per Council's fees and charges</i> )	
<input type="checkbox"/> Other – please provide details:	

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

## Request Details, Reasoning and/or Justification

Details of the requested amendment: *(e.g. length of extension required)*

Reasoning/justification of the requested amendment:

If details have changed to one of the following, please indicate below:

Owner details     Applicant details     Builder details *(evidence of QBCC Home Warranty Insurance Cover must be provided)*

Name:

Postal address:

Preferred contact number:

Email:

## Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

- DA Form 2 – if changing the applicant's or builder's name associated with the application
- Evidence of QBCC Home Warranty Insurance Cover – if changing the builder's details

## 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:

## Fees and Charges

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).

## Payment Information

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan, 1 Ranger Street, Gracemere; or at the Development Advice Centre: Walter Reid Centre, Level 2 203 East Street (Corner East and Derby Streets), Rockhampton City.

**By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received.

**By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.