

City of Bunbury  
Planning and Development Services  
Development Assessment and Building Certification Department  
PO Box 21  
BUNBURY WA 6231

Dear Sir/Madam

**RE: PROPOSED EXTENSION OF TIME**  
**PROPERTY ADDRESS:**  
**ORIGINAL PLANNING APPROVAL REFERENCE NUMBER: 5.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_**  
**EXPIRES ON:**

*Note: An application must be received by the City of Bunbury at least one month prior to the expiration of the planning approval.*

I refer to my planning approval 5.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ I am seeking an extension of time for the following reason(s):

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**The following is attached:**

- Payment of the \$160.00 extension of time fee (or credit card authorisation details attached)
- Written details of the works carried out to date, the period of extension of time being sought, and the reasons for the extension (refer Page 2)
- Owner authorisation (refer Page 2)

If you have any queries I can be contacted on telephone \_\_\_\_\_.

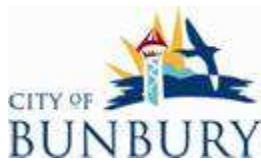
Yours faithfully

\_\_\_\_\_  
Owner's Full Name

\_\_\_\_\_  
Owner's Signature / /20

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Applicant's Signature / /20



City of Bunbury  
Planning and Development Services  
Development Assessment and Building Certification Department  
PO Box 21  
BUNBURY WA 6231

To Manager Development Assessment and Building Certification

**REQUEST FOR CONSIDERATION OF EXTENSION OF TIME**

**PROPERTY ADDRESS:** \_\_\_\_\_

**ORIGINAL PLANNING APPROVAL REFERENCE NUMBER: 5.** \_\_\_\_\_.

**EXPIRES ON:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby apply for an extension of time for the following period:**

Six (6) months

Twelve (12) months

Two Years (2) years

**Reasons for extension of time:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Works carried out to date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Justification for request:**

\_\_\_\_\_  
\_\_\_\_\_

**OWNER DETAILS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT DETAILS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

I have attached payment of \$160.00 (extension of time fee); OR

Please deduct payment from my credit card (authorisation details attached to this application)

**I am aware that as per Local Planning Policy 44 – Extensions of Time For Planning Approval - an extension of time shall only be granted once. Should an extension of time expire I am aware that a new application for planning approval will be required.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Note: An application must be received within one month prior to the expiration of the planning approval\*\***