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**Statutory Planning Invoice**

**Name of payee** ......………………………………………………………………………………………………………………

**Address of payee** ................................………………………………………………………………………………………

**Phone number** …………………………………………… **Email address** ....………......................…………………

**Application number:** ………………………………………………………………………………………………………………

**Application address:** ……………………………………………………………………………………………………………...

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| --- | --- | --- | --- |
| Tick Applicable | **Payment Type** | **Amount** | **Office use only** |
|  | Application for Permit | $ | AP | PP/TPA/APP |
|  | Amendment of Planning Permit | $  | AP | PP/TPA/AMF |
|  | S57A Amend Planning Permit (40% of application fee) | $ | AP | PP/TPA/AMF |
|  | Certification of Subdivision | $ | AP | PP/TPS/ACS |
|  | Re - Certification of Subdivision | $ | AP | PP/TPS/ACS |
|  | Secondary Consent | $ | AP | PP/TPA/APP |
|  | Public Notification Fee | $ | AP | PP/TPA/PNF |
|  | Extension of Time | $ | AP | PP/TPA/EOT |
|  | Demolition 29A  | $ | AP | PP/DEMO/D29 |
|  | Copy of Permits/Photocopy Fee  | $ | RC | PFE |
|  | S173 Agreement  | $ | RC | S173 |
|  | Written Property enquiries  | $ | RC | S173 |
|  | Other | $ |  |  |
|  | **Total** | $  |  |  |

 Office use only

**Please refer *Planning Fees & Charges***

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Receipt Number...................................... PP Number.......................

Processing Officer Planning …………………………………………………….Date…………………………………………………

Processing Officer Customer Service ………………………………………Date………………………………………………….

(Please return copy of this invoice to the Statutory Planning Department)

Monash City Council – Town Planning Invoice – ABN: 23 118 071 457

