## REQUEST FOR EXTENSION OF TIME TO A DEVELOPMENT APPLICATION



## **TOWN OF GAWLER**

**Phone:** (08) 8522 9211 **Fax:** (08) 8522 9212

Email: <a href="mailto:council@gawler.sa.gov.au">council@gawler.sa.gov.au</a>
Postal Address: PO Box 130 GAWLER SA 5118

Pursuant to Regulation 48(2)(b) of the Development Regulations 2008

Credit Card number:

Cardholder's Name:

Expiry Date:

Amount: \$100.00

Office Address: 43 High Street GAWLER EAST SA 5118

Card Type: Usa Mastercard

Signature:

DEVELOPMENT APPLICATION NUMBER: 490 / /	
l,	
Request an extension of time to my:	
☐ Development Plan Consent	
☐ Development Approval: - To commence the	development
- To complete the de	evelopment
For a period of:	
☐ 6 months	
☐ 12 months	
□ longer period – please specify:	
The reason for my request is:	
I agree to pay the Extension of Time fee of \$109 Development Regulations 2008.	9.00* as required by Schedule 6 Clause 9 of the
I acknowledge that Council may not agree to gra Extension of Time fee will not be refunded.	ant the extension, and that if this is the case the
*This fee is current for the 2020/2021 Financial Year	and will increase from 1 July 2021.
Signature:	Date:
PLEASE COMPLETE THIS SECTION IF YOU WISH TO PAY YOUR FE	ES VIA CREDIT CARD. (American Express cards not acconted)

Bank/Credit Union (ANZ, NAB, Westpac etc): \_