



City of  
**KINGSTON**

**Planning Enquiries**  
Phone: 9581 4131

Web: [www.kingston.vic.gov.au](http://www.kingston.vic.gov.au)  
Email: [info@kingston.vic.gov.au](mailto:info@kingston.vic.gov.au)

Office Use Only - Application No: PC /

Date Lodged: / /

# Application for Certificate of Compliance

Section 97N of the Planning and Environment Act 1987

Use this form to certify that either an existing use or development complies with the requirements of the planning scheme at the date of the certificate.

An application cannot be accepted without a completed application form, and the lodgement fee.

## The Land

Please provide the street address of the land.

Unit No.:	St No.:	St Name:
Suburb:		Postcode:

## Contact Details

The person or organisation you want council to communicate with regarding the certificate for compliance

Name:		
Title:	First Name:	Surname:
Organisation:		
Postal Address:		
Unit No.:	St No.:	St Name:
Suburb:	State:	Postcode:
Business Phone:		Email:
Mobile Phone:		Fax:

Please provide at least one contact phone number

## Existing Use and/or Development

Describe the use or development for which a Certificate is sought. Attach any other information which the Responsibility Authority may require to decide whether to issue a certificate


## Declaration

**Remember** it is against the law to provide false or misleading information, which could result in a heavy fine and cancellation of the permit.

<input type="checkbox"/>	<b>I declare that all the information in this application is true and correct</b>	
Signature		Date: dd/mm/yyyy

## Lodgement

Lodge the completed and signed form and all documents with:

Email: [info@kingston.vic.gov.au](mailto:info@kingston.vic.gov.au)  
Council Name: City of Kingston  
Council Address: Level 1, 1230 Nepean Highway, Cheltenham  
Council Address: PO Box 1000, Mentone, Victoria, 3194

For help or more information  
Telephone: 9581 4131  
Fax: 03 9581 4500  
Email: [info@kingston.vic.gov.au](mailto:info@kingston.vic.gov.au)

## Privacy Notice

Any material submitted with this application, including plans and personal information, will be made available for public viewing, including electronically on Councils Web Site, and copies may be made for interested parties for the purpose of enabling consideration and review as part of a planning process under the Planning and Environment Act 1987.

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy may be obtained from the Kingston website: <http://www.kingston.vic.gov.au> or from one of our Customer Service Centres and Libraries.

## FEES Payable - \$325.80

### AMEX/ BANKCARD/ MASTERCARD/ VISA CREDIT CARD AUTHORISATION

Your signature below is an authority for Council to issue a sales voucher for the amount shown below as your payment for this account.

CREDIT CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Please Tick Appropriate Box

- |                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> BANKCARD   | <input type="checkbox"/> VISA |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> AMEX |

Card Expiry Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_