Time Extension Request 23/24



If you need help lodging your form, contact us								
Email	council@northernbeaches.nsw.gov.au							
Phone	1300 434 434							
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099						
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107						

Office use only	
Form ID	2038
TRIM Ref	C001673
Last Updated	June 2023
Business Unit	Environmental Compliance
Application No.	
Receipt No.	

Privacy Protection Notice							
Purpose of collection:	Purpose of collection: For Council to provide services to the community						
Intended recipients: Northern Beaches Council staff							
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek						
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information						

Part 1: Applicant Details

It is important that we are able to contact you if we need more information. Please give us as much detail as possible.							
Title	Mr	Mrs	Ms	Other			
Full family name							
Full given names							
Name of Company/Business							
Address to which extension relates							
Phone				Alternate			
Mobile				Facsimile			
Email				·			
Contact							

Part 2: Extension Details

Extens	sion Type: (please select)	Reference Number:	
	Environmental Health Notices and Orders	\$128	
	Fire Safety Order	\$290	
	Swimming Pools Direction	\$128	
	Building Compliance Notices and Orders	\$140	
	Awnings Notices and Orders	\$130	

Part 3: Reasons for Extension

Item no.	New date & time requested	Reason for extension Must include specific justification for each item where extension is requested. Evidence should be supplied to support requests and may include third part documents, such as parts or service delivery dates.	Approved/ Declined (Council use only)

Part 4: Signatures

Name of Applicant		
Signed	Date	

Reviewing Coordinator/Manager	Notes				
Signature of Reviewing Coordinator	Date				

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ALL HARD COPIES TO BE DESTROYED ACCORDING TO PROCEDURES

Credit Card Details						
Please charge my	Mastercard	🔿 Visa	American Express			
Amount	\$					
Name as appears on card						
Card Number						
Expiry Date						
Signature						
Daytime Phone Number						
Date						

Please note: All credit card payments are subject to a 0.5% service fee

Office Use Only																
Application No.																

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