

Time Extension Request 22/23



If you need help lodging your form, contact us		Office use only																						
Email	council@northernbeaches.nsw.gov.au	Form ID	2038																					
Phone	1300 434 434	TRIM Ref	C001673																					
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	June 2022																				
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Environmental Compliance																				
		Application No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
		Receipt No.																						

Privacy Protection Notice	
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

Extension Type: (please select)		Reference Number:
Environmental Health Notices and Orders	\$110	
Fire Safety Order	\$272	
Swimming Pools Direction	\$121	
Building Compliance Notices and Orders	\$121	
Awnings Notices and Orders	\$121	

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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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> 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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