



**S U B M I S S I O N   T O   A   P L A N N I N G   S C H E M E   A M E N D M E N T**

**PLEASE PRINT CLEARLY AND READ THE NOTES PROVIDED ON THIS PAGE  
BEFORE COMPLETING THIS FORM.**

**PLEASE NOTE THIS FORM HAS TWO SIDES.**

**ANY PERSON WHO MAY BE AFFECTED BY  
AN AMENDMENT MAY MAKE A SUBMISSION**

A submission:

- May be lodged by anyone
- May support an amendment
- May oppose an amendment
- May suggest changes to the amendment to address concerns
- Should clearly state which amendment it relates to, and the grounds on which you support or oppose the amendment
- Should indicate if you wish to be heard in respect of your submission at any subsequent panel hearing
- Is a public document, and copies may be provided to other parties

Your submission will form part of the Council's consideration of the amendment. If the Council is unable to resolve any issues arising out of the public consultation, it may abandon all or any part of the amendments, or request the Minister for Planning to appoint an independent panel to further consider the matter.

If you indicate that you wish to be heard at a panel hearing, you will be advised of the panel hearing dates and invited to present the points in your submission.

There is no requirement that you use any particular form to make a submission. This form is provided to help you provide the information required by the Planning and Environment Act 1987. IF THERE IS NOT ENOUGH SPACE ON THIS FORM YOU MAY ADD PAGES.

**Please be aware that copies of submissions received may be made available to any person for the purpose of consideration as part of the amendment process.**

Name: (in block letters)

Your Postal Address:

Postcode:

Telephone Home:

Work:

Facsimile:

**Planning Scheme Amendment Number:**

**Subject Land:**

**Proposal:**

Have you read a copy of the amendment and supporting documents?

(please tick the appropriate box)

Yes

No

**DETAILS OF SUBMISSION:**

How will you be affected by the amendment?  
(You must state whether you support or oppose the amendment)

What changes would you like to see to the amendment to satisfy your concerns?

Do you wish to be heard in respect to your submission at any subsequent panel hearing?  
(please tick the appropriate box)

Yes       No

**ADDITIONAL DETAILS:**

**SIGNATURE:**

**DATE**

**Submission forms should be returned to the Council office, 90 Welsford Street, Shepparton, or posted to Greater Shepparton City Council, Locked Bag 1000, Shepparton, Vic., 3632.**