

# Excess Animal Permit Application Form



Local Law No. 2 - Neighbourhood Amenity, Clause 39

New Permit fee: \$110.00  
Annual Renewal fee: \$49.00

## Applicant Details

Name	
Address	
Phone	
Email	

## Animal Details

Name	Breed	Gender	Microchip	Registration No.

Do you intend to breed any of these animals?

YES

NO

I hereby certify that I have read, understand and will comply with Bayside City Council *Local Law No. 2 Neighbourhood Amenity Clauses 39 and 40* and any conditions set out on the Permit.

I understand that if a Permit is granted it will expire on June 30 (unless otherwise stated on the Permit), as per *Local Law No. 2 Neighbourhood Amenity, Schedule 3 - Permit Conditions* and I am responsible for payment of a renewal fee before that date.

The signatures from the occupiers of all properties that I share a common boundary with are attached.

I understand approval of this application is subject to an inspection of my property by a Council officer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## GL CODE: T 265

**Please note:** Council collects your personal information for the purposes of processing your application for an Excess Animal permit. If you have any queries or wish to gain access to your information, please contact Council's Privacy Officer on 9599 4444 or at [privacy@bayside.vic.gov.au](mailto:privacy@bayside.vic.gov.au)

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Note: This form to be completed by all abutting neighbours (See diagram below)

Preferable but not essential	Rear Property	Preferable but not essential
Next door	<b>Your property</b>	Next door

We, the undersigned, have no objection to \_\_\_\_\_,  
of \_\_\_\_\_ a property with which I  
have a common boundary, to keeping \_\_\_\_\_ at the above address.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_