

**WITHDRAWAL OF APPLICATION**

**APPLICATION DETAILS**

File Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Description and Location of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please tick the appropriate box**

- I wish to withdraw the application
- I wish to proceed with the application

\_\_\_\_\_ **NAME**

\_\_\_\_\_ **SIGNATURE**

\_\_\_\_\_ **DATE**

**Note:** If you wish to withdraw the application an invoice will be sent for costs associated with any processing undertaken by the Council for your application.