



# NOTICE of WRITTEN APPROVAL

## APPLICATION & APPLICANT DETAILS to be completed by the applicant

Consent Application Number (if known): RM \_\_\_\_\_

Full name of applicant(s) \_\_\_\_\_

Address and legal description of property to which the application relates:

Address \_\_\_\_\_ Legal Description \_\_\_\_\_

Full description\* of the proposed activity \_\_\_\_\_

\_\_\_\_\_

**\*Important Note to Applicants:** *It is very important that a full and accurate description of the activity is stated. If this description does not cover all aspects of the proposal, the Council may require you to amend this form and re-obtain all the approvals. Please also ensure that a copy of all plans accompanying the application is signed by all persons who sign this form. Please seek advice from the Duty Planner (546 0357) if you are unsure whether this part of the form has been filled in correctly.*

## AFFECTED PERSON/S DETAILS to be completed by person/s giving approval

\* Address of the property affected by the above proposal (physical address or legal description)

\_\_\_\_\_

***If you OWN the affected property, complete section A below***

***If you LIVE at the affected property, but do not own it, complete section B below***

- Section A.**     I am the OWNER AND live at the affected property \*    **OR**
- I am the OWNER but I live at the following address

Owner's Name \_\_\_\_\_

Please list the full names and contact details of all other registered owners

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Note: "Owner" includes all trustees of any trust owning a property and all members of any Body Corporate authorised to manage a property. It will include all members of any partnership or syndicate owning the property. It will also include any person(s) or entity that has entered into an agreement to purchase or lease the property.)*

- Section B**     I am an OCCUPIER (I live at the affected property \* but I am not the owner)

Occupier's Name: \_\_\_\_\_

Please list the full names of all other persons over 18 years of age who live at the property

\_\_\_\_\_

\_\_\_\_\_

**Please turn over to sign this form → → →**

## Written Approval – to be signed by person/s giving approval

### Important notes for person/s giving written approval

**You should sign this form only if you support or have no opposition to the Council granting the Resource Consent. Signing this form means that:**

- The Council will **not consider you to be affected** by the activity described in the Resource Consent application;
- The Council will **ignore any effects on you** and your property caused by the activity described in the Resource Consent application; and
- You will **not be able to make a submission** or otherwise be involved with the Council's decision on the application.

*If you provide your written approval and later wish to withdraw it, you must advise the Council in writing before the Council decides whether there are any affected persons.*

### **DECLARATION**

I have read and understood the information provided with this form.

I have been given details of the full and final proposal, including a full description of the activity, the assessment of environmental effects and any plans accompanying the application.

I give my approval to the proposal outlined in the resource consent application, and any plans. I have signed a copy of the site plan, or other relevant plans or drawings.

I understand that by signing this form, Council will not take into account any effects the proposed activity may have on myself or my property when considering the application, unless I give notice to the Council in writing, before the Council has decided if there are any affected persons.

**Full Name** (please print): \_\_\_\_\_

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

Daytime phone number: \_\_\_\_\_ or \_\_\_\_\_

**Full Name** (please print): \_\_\_\_\_

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

Daytime phone number: \_\_\_\_\_ or \_\_\_\_\_

### ***If you are signing this form on behalf of other person(s) please complete the following section***

**I have authority to sign this form on behalf of another person(s)**

- (i) Please list the full names of all other person(s) you are signing on behalf of; **AND**
- (ii) Provide signed written proof from each person you are signing on behalf of, that you have authority to sign this form on their behalf. (Note: if you are signing as a person's attorney, a copy of the Power of Attorney signed by that person must be provided.)

\_\_\_\_\_  
\_\_\_\_\_

**If you have any queries regarding the resource consent process or the role and rights of adversely affected persons(s), please contact the Duty Planner, (phone 546 0357), or seek advice from a private planning consultant or legal adviser.**