Application Form to Change or Cancel Resource Consent Conditions

Section 127 of the Resource Management Act 1991 (RMA). This form provides us with your contact information and details about your application. Please print clearly and complete all sections.

Note to applicant:

You must include all information required by this form. The information must be specified in sufficient detail to satisfy the purpose for which it is required.

Please print clearly and complete all sections.

To: Name of Council that is the consent authority for this application: Select a Council

This application relates to the following resource consent

The name of the holder of the resource consent is:					
Applicant Nan	ne				
Please provide the full name of the persons, company, society or trust applying for this change or cancellation of consent condition. It the applicant is a trust, please provide the full name/s of all trustees of that trust.					
Applicant Cont	act Details				
Postal Address:					
Post code:		Email:			
Phone:		Mobile:			



















The proposed change is as follows:

If the space provided is insufficient, please attach additional pages.

Assessment of the proposed change's effects on the environment Please attach an assessment of the proposed change's effects on the envi Part 2 of the RMA and any relevant provisions of NES, regulations, nations and district plan.		
Correspondence and Invoices		
Please let us know where to send any correspondence and invoices. \	Where possible any corresp	oondence will be sent by email:
All correspondence excluding invoices sent to:	☐ Applicant or	☐ Agent
All invoices sent to:	☐ Applicant or	☐ Agent
Notification		
The Resource Management Act 1991 allows applications to be notified	d for public submission on	request of the applicant.
Are you requesting that your application be publicly notified?	☐ Yes	□ No

If you selected 'yes' to the above question, please attach a short summary outlining the details of your application. Have you attached a summary?	☐ Yes	□ No				
Owner of the site						
Landowner's full name, phone number and address:						
OR						
☐ Same as applicant details						
Site Visit Requirements						
As landowner and with the consent of any occupiers or lessee, I am aware that Co visit the site which is the subject of this application, for the purposes of assessing						
Is there a locked gate or security system restricting access by Council staff?	☐ Yes	□ No				
Are there any dogs on the property?	☐ Yes	□ No				
Are there any hazards that may place a visitor at risk?	☐ Yes	□ No				
Provide details of any entry restrictions that Council staff should be aware of e.g. health and safety, organic farm etc.						

Agent's name:

Draft chan	ges								
Do you wisl application		raft changes	prior to Cour	ncil making a de	ecision on the		☐ Yes	□ No	
in th	By ticking this box I understand that the opportunity to review the draft changes is an act of good faith by the Council intended to assist with identifying errors before a decision on the application is made. I further understand that Council has the right to continue processing the application if too much time is taken in the review of draft changes. By requesting draft changes I agree to an extension of time under Section 37 of the RMA.								
Signature	of the Ap	plicant(s) or	Agent						
Please read	d before s	signing the a	pplication fo	orm.					
Payment o	of fees an	d charges							
You must pay the charges payable to Council for this application under the RMA. Please refer to Council's Fees and Charges on its website.									
By submitt application	_	pplication to	Council, you	u agree to pay	the charges se	out in Counc	il's Fees and	l Charges rel	evant to the
Privacy inf	ormation	ı							
and store t	he inforn	nation on a _l	oubic registe	er. The details		de available t	o the public		ouncil will hold ncil's website. If
Confirmati	ion by the	e applicant							
I/we confirm that I/we have read and understood the information and will comply with our obligations as set out above. (A signature is not required if you submit this form electronically.)									
Applicant n	ame:				Signature:			Date:	
Applicant n	ame:				Signature:			Date	
Applicant n	ame:				Signature:			Date	
Confirmati	ion by the	e agent auth	orised to sig	gn off on beha	lf of the applica	ınt			
informed th	ne applica	nt of its/thei	r obligations	in connection v	vith this applicat	ion, including	for fees and	other charge	n that I have fully s, and that I have m electronically.)

Signature:

Date: