



Uplift Building Line Restriction Application Form

Section 327A of the Local Government Act 1974

To: The Development Planning Manager
Thames-Coromandel District Council
Private Bag, 515 Mackay Street,
Thames 3500

OFFICE USE ONLY

Date Received: _____
Dataworks No: _____
Application No: _____
Processing Officer: _____

Description of the proposed activity / List the reasons for this application

Site information

Address of where the proposed activity is to take place: _____

Legal Description (Lot and DP(S)): _____

Applicant

Applicant name (please print): _____

Contact details - Address: _____

Ph/Mob: _____ Fax no: _____ Email address: _____

Agent or nominated contact (if different from applicant):

Agent/Nominated contact name (please print): _____

Contact details - Address: _____

Ph/Mob: _____ Fax no: _____ Email address: _____

Owner of the land to which the uplift decision will apply (if different from Applicant)

Owner name (please print): _____

Contact details - Address: _____

Ph/Mob: _____ Fax no: _____ Email address: _____

Address for service/correspondence - please tick whichever is applicable

Applicant Agent/Nominated Contact Owner

Address for payment (if different from above) - please tick whichever is applicable

Applicant Agent/Nominated Contact Owner

Additional consents - are any other consents required?

| | | | | | |
|---------------------------------|---|----------------------------------|---|---------------------------------|-----|
| Building Consent | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, has it been applied for? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details or Consent No. if known | ABA |
| Liquor License | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, has it been applied for? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details or Consent No. if known | |
| Waikato Regional Council | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, has it been applied for? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details or Consent No. if known | |
| Other | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, has it been applied for? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details or Consent No. if known | |

Additional consents - are any other consents required?

| |
|--|
| <input type="checkbox"/> The written approval of any Affected Person(s) - refer the Affected Person(s) Written Approval Form |
| <input type="checkbox"/> Scaled Plans and Elevations clearly showing the Building Line Restriction |
| <input type="checkbox"/> A current Certificate of Title (less than 3 months old) |
| <input type="checkbox"/> The appropriate application fee - refer to the fees schedule |
| <input type="checkbox"/> Any other information required to allow this application to be adequately assessed. (You may wish to discuss these requirements with Council's Duty Planner before lodging the application) |

Signature by or on behalf of the applicant

Signature

Print Name

_____/_____/_____
Date

THAMES-COROMANDEL DISTRICT COUNCIL

Private Bag, 515 Mackay Street, Thames
phone: 07 868 0200 | fax: 07 868 0234
customer.services@tcdc.govt.nz | www.tcdc.govt.nz

Mercury Bay: 07 868 2010
Coromandel: 07 866 1001
Whangamata: 07 865 0600