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 Name**

Please provide the full name of the persons, company, society or trust applying for this change or cancellation of consent condition. If the applicant is a trust, please provide the full name/s of all trustees of that trust.

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**Applicant Contact Details**

|  |  |
| --- | --- |
| Postal Address: |  |
|  |  |  |  |
| Post code: |  |  Email: |  |
|  |  |  |  |
| Phone: |  |  Mobile: |  |

**Agent Contact Details**

If you have an agent or other person acting on your behalf, please complete the details below.

|  |  |
| --- | --- |
| Agent: |  |
|  |  |
| Contact: |  |
|  |  |
| Postal Address: |  |
|  |  |  |  |
| Post code: |  |  Email: |  |
|  |  |  |  |
| Phone: |  |  Mobile: |  |

**Location of Proposal**

Please complete with as much detail as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name, town, natural and physical characteristics of the site and any relevant adjacent uses.

Property address:

|  |
| --- |
|  |

Legal description:

|  |
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**This application relates to the following condition(s) of the consent**

|  |
| --- |
|  |

**The proposed change is as follows:**

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

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**Assessment of the proposed change’s effects on the environment**

Please attach an assessment of the proposed change’s effects on the environment, an assessment against the relevant matters of Part 2 of the RMA and any relevant provisions of NES, regulations, national policy statement, regional policy statement, regional plan and district plan.

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**Correspondence and Invoices**

Please let us know where to send any correspondence and invoices. Where possible any correspondence 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 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 Council staff or authorised consultants will visit the site which is the subject of this application, for the purposes of assessing this application, and agree to a site visit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

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**Draft changes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you wish to see draft changes prior to Council making a decision on the application? | [ ]  Yes |  | [ ]  No |  |

[ ]  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 Applicant(s) or Agent**

Please read before signing the application form.

**Payment of fees and 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 submitting this application to Council, you agree to pay the charges set out in Council’s Fees and Charges relevant to the application.

**Privacy information**

Council requires the information you have provided on this form to process your application under the RMA. Council will hold and store the information on a public register. The details may also be made available to the public on the Council’s website. If you would like to request access to, or correction of any details, please contact the Council.

**Confirmation by the 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 name: |  | Signature: |  | Date: |  |
|  |  |  |  |  |  |
| Applicant name: |  | Signature: |  | Date |  |
|  |  |  |  |  |  |
| Applicant name: |  | Signature: |  | Date |  |

**Confirmation by the agent authorised to sign off on behalf of the applicant**

As authorised agent for the application, I confirm that I have read and understood the above information and confirm that I have fully informed the applicant of its/their obligations in connection with this application, including for fees and other charges, and that I have the applicant’s authority to sign this application on its/their behalf. (*A signature is not required if you submit this form electronically.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agent’s name: |  | Signature: |  | Date: |  |

Applicant to confirm:

[ ]  I/we confirm that this application form has not been altered or amended in any way.