

Application for Resource Consent

Form A: Administration Form



The purpose of this Administration Form (Form A) and the relevant Activity Information and Assessment Form (Form B) is to provide the applicant with guidance on information that is required under the Resource Management Act 1991. Please note that these forms are to act as a guide only, and Horizons Regional Council reserves the right to request additional information.

Failure to provide the required information and payment will delay the processing of your application. If you do not provide adequate information then we will not be able to process your application, and will return it to you. If you do not pay the required fees, we may stop processing your application until payment is received.

1 APPLICANT DETAILS

CONTACT DETAILS – This section applies to the applicant ONLY. Please use Section 2 for consultant details. Should any of these details change, at any time, please notify us as soon as possible.

For **individuals**, you must provide the full names of all individuals (such as John Robert Smith and Mary Jane Williams). For **companies and other incorporated entities** you must provide the company name, registration number and registered office details. You must also provide the name of a person or persons who will represent your company and be responsible for the consent.

For **partnerships and unincorporated entities** (such as private or family trusts or unincorporated societies) we must have the details of all authorised partners, trustees, members or officers. We may also request a copy of your society's rules to verify your status as a formal body or society.

Full name/s of applicant
This is the name/s that the consent will be issued to

Director/Chief Executive

Company registration number
We will not accept applications made in the name of unregistered companies

Applicant's postal address
.....

Applicant's residential address
.....
If different from postal address above

Applicant's email address

Applicant's phone number/s

Home Business Mobile Fax

2 APPLICANT CONSULTANT/AGENT DETAILS

(If applicable)

Name/Company name

Contact person

Postal address
.....

Email address

Phone number/s

Home Business Mobile Fax

3 PARTNERSHIP/UNINCORPORATED ENTITY DETAILS

For partnerships or unincorporated entities (such as private or family trusts or unincorporated bodies or societies) you must provide details of all authorised partners, trustees or members. Any consent granted will then include these names (where possible), and all individuals will

be legally responsible for the consent and any associated costs. Should these persons, or their contact details change, then you must notify us. Include details of all further partners/trustees/members on a separate page if necessary.

Name of person

Status

(Such as partner or trustee)

Residential address

Name of person

Status

(Such as partner or trustee)

Residential address

Name of person

Status

(Such as partner or trustee)

Residential address

4 WHO SHOULD WE SEND APPLICATION CORRESPONDENCE TO?

Applicant

Consultant/Agent

Preferred address for service:

Residential address

Postal Address

DX number

Email

Fax

Note: All further costs will be invoiced directly to the Applicant unless otherwise specified

5 RESOURCE CONSENT/S SOUGHT

Please select each of the following consents you are applying for. **Please note all prices are GST inclusive.**

Drilling of a Well
Fixed initial deposit \$575.00

Surface Water Take
Fixed initial deposit \$977.50
Stock Water: \$1,207.50
Irrigation: \$1,150.00
Other: \$1,150.00

Groundwater Take
Fixed initial deposit \$885.50
Stock Water: fee \$885.50
Irrigation: \$1,863.00
Other: \$1,115.00

Dairyshed Discharge
Fixed initial deposit \$885.50

Land use Intensive Farming and Associated Discharges
Fixed initial deposit \$1,725.00

Land Disturbance/Vegetation Clearance (*infield consents*)
Fixed initial deposit \$200.00

Land Disturbance/Vegetation Clearance (e.g. Earthworks)
Fixed initial deposit \$920.00

Land Disturbance/Vegetation Clearance (e.g. Forestry activities including NES Production Forestry)
Fixed initial deposit \$920.00

Transfer of Consent
Fixed initial deposit \$100.00

Works in a Waterbody
Fixed initial deposit \$885.50

Gravel Extraction
Fixed initial deposit \$1,667.50

On-site Wastewater discharge
Fixed initial deposit \$885.50

Discharge to Air
Fixed initial deposit \$1,150.00

Discharge to Land
Fixed initial deposit \$885.50

Discharge to Water
Fixed initial deposit \$1,150.00

Change of Consent Conditions
Fixed initial deposit \$500
Administration conditions: \$500
All other conditions: \$885.50

Transfer of activity location
Fixed initial deposit \$885.50

5A PROVIDE A BRIEF DESCRIPTION OF THE ACTIVITY TO WHICH THIS APPLICATION RELATES

5B ARE THERE ANY CURRENT OR EXPIRED CONSENTS RELATING TO THIS PROPOSAL?

If yes, please provide consent number(s) and description.

YES NO

5C ARE THERE ANY OTHER CONSENTS REQUIRED FROM HORIZONS REGIONAL COUNCIL?

If yes, please state the type of consent required and status.

YES NO

5D DO YOU REQUIRE ANY OTHER RESOURCE CONSENT FROM ANY LOCAL AUTHORITY FOR THIS ACTIVITY? If yes, please state the relevant authority, type of consent required and status.

YES NO

6 VALUE OF INVESTMENT (RENEWAL APPLICATIONS ONLY)

Please complete this section ONLY if your application is to renew an existing consent.

Select the value below of your investment which is dependent on this consent. Please note this must be on the book/market value (as opposed to replacement value).

- | | | | |
|--|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> < \$10,000 | <input type="checkbox"/> \$50,000 TO \$250,000 | <input type="checkbox"/> \$1M TO 5 M | <input type="checkbox"/> >\$50 M |
| <input type="checkbox"/> \$10,000 – 50,000 | <input type="checkbox"/> \$250,000 - \$1,000,000 | <input type="checkbox"/> \$5M - \$50M | |

If the scope of the investment relating to the activity(ies) which is reliant on the granting of this application is significant, you will need provide evidence of this valuation with the application; such as a valuation or other credible indication of current/recent market value.

7 LOCATION OF PROPOSED ACTIVITY

Is the activity in a coastal marine area? Yes No
(As defined in the RMA 1991)

Property address

Legal description
(This can be found on your rates invoice)

Valuation number/s

Map reference (NZTM 2000) E *(If known)* N

7A IF THE OWNER AND/OR OCCUPIER OF THE ACTIVITY SITE DIFFERS FROM THE APPLICANT, PLEASE PROVIDE THEIR NAMES AND CONTACT DETAILS

Owner Name

Postal address

Email address

Phone number/s

Home Business Mobile Fax

Please note that written approval is required from this landowner and should accompany this application.

8 FIXED INITIAL DEPOSIT FOR APPLICATION

Please refer to the table in Section 5 for the relevant lodgement fee required with your application.

This fee is **REQUIRED** when an application is submitted and is an initial deposit towards the final cost of processing the application. Failure to pay the fee upon lodging your application may result in rejection of your application.

Please note that this initial deposit payment may not cover the full cost of processing the application. In accordance with Section 36(3) of the RMA, Council reserves the right to recover actual and reasonable costs for consent applications where the costs exceed the initial preliminary deposit. In some instances, where additional information is sought by either party, costs can

increase and additional charges may be invoiced. Any additional charges will be payable in accordance with the schedule of additional charges laid out in our Annual Plan. Any additional costs will be invoiced following a decision on your application.

Payment Method for Deposit

- Internet banking to the credit of Horizons Regional Council (see below)
- Cheque made payable to Horizons Regional Council (to be lodged with application documents)
- Cash (to be paid at Horizons Regional Council Office, Victoria Avenue, Palmerston North)

Name of account	Bank	Branch	Account No.	Suffix
Horizons Regional Council	02	0630	0024883	003

Note:
 Payer Particulars – Applicant surname or party making payment on behalf of applicant
 Payer Code – CONSENTS
 Payer Reference – Company name or surname of applicant

Please write below what you have entered for the PayerCode/Payer Reference details when making your deposit online.

	C O N S E N T S	
Payer Particulars	Payer Code	Payer Reference – Name of Applicant

Total amount paid \$ Payment date

Is the Council required to quote a purchase order number on future invoices for this application?

Yes No Order Number

FINAL CHECKLIST

Have you attached the following?

- Activity Information and Assessment form/s as ticked above (Form B)
- Detailed map showing location and all required points of reference as requested on the activity application form.
- Fixed initial deposit payment

If you have already dealt with a member of Horizons Regional Council regarding your application, please specify their name.

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Please contact the consents team on freephone **0508 800 800** if you require assistance with your application.

APPLICANT DECLARATION

I confirm the information contained within this application and additional information is true and correct at the time of submission.

Signature of applicant Date

(Or person authorised to sign on behalf of the applicant)

Please email your application to **regulatory.administrator@horizons.govt.nz** or alternatively you can post your application to:

Horizons Regional Council

11-15 Victoria Avenue
Private Bag 11025
Manawatu Mail Centre
Palmerston North 4442

IMPORTANT INFORMATION – PLEASE READ CAREFULLY**Official Information**

Horizons Regional Council takes your privacy seriously. Any information you provide with this application, including documentation provided in support of your application, is official information. It will be used to process your resource consent application and, together with other official information, assist in the management of the region's natural and physical resources.

This information will be held and administered by Horizons Regional Council in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993.

Your information may be disclosed in accordance with the terms of these Acts. It is therefore important you advise the Council if your application includes trade secrets and/or commercially sensitive material. You have the following rights with regard to the information held about you:

- To access your personal information.
- To request incorrect information to be amended.
- To expect the information to be safely stored and used by or disclosed to authorised users only.
- To expect your personal information to be accurate and consistent in accordance with sound practices of record keeping and information systems management.

Failure to provide the necessary information will mean that Horizons Regional Council will be unable to process your application.

Consent Holder Costs – All Consents

Once granted, most resource consents will incur an annual research and monitoring charge and a compliance monitoring charge pursuant to Section 36 of the Resource Management Act. Please contact us if you have any queries regarding your deposit/fee, processing costs or the annual charges for your activity.

Ongoing Responsibilities

If your application is granted you will be responsible for complying with your consent conditions and payment of your consent charges until your consent expires. If you wish to cancel (surrender) your consent, transfer responsibility to another party, or make changes to your consented activity before it expires, you must submit notice to us in writing or make an application to change your consent.