# 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	APPI	ICANI	DETAILS	ľ

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 legal 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.

		is space in part 2 to complete consultan	nt/contractor details	
Director/Chief Executive				
Company registration numb We will not accept applications m				
Applicant's postal address				
Applicant's residential addre	255			
If different from postal address ab				
Applicant's email address				
Applicant's phone number	r/s			
Home	Business	Mobile	Fax	
APPLICANT CONSULTANT	AGENT DETAILS			
(If applicable)				
Name/Company name				
Contact person				
Postal address				
Email address				
Phone number/s				



	trusts or unincorporated bodies or societies) y of all authorised partners, trustees or member will then include these names (where possible	s. Any consent granted	•	contact details change, then you must notify us. ther partners/trustees/members on a separate
	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)			
4	WHO SHOULD WE SEND APPLICATION  Applicant Consultant/Ac		0?	
	Preferred address for service:  Residential address Pos  Note: All further costs will be invoiced directly to	stal Address o the Applicant unless otherwi	DX number ise specified	Email Fax
5	RESOURCE CONSENT/S SOUGHT Please select each of the following consents yo	u are applying for. <b>Please n</b> o	ote all prices are GST in	clusive.
	Drilling of a Well Fixed initial deposit \$575.00  Surface Water Take Fixed initial deposit Stock Water: \$977.50 Irrigation: \$1,207.50 Other: \$1,150.00  Groundwater Take Fixed initial deposit 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		tarthworks) t \$920.00  ce/Vegetation forestry activities roduction Forestry) t \$920.00  ent t \$100.00  rbody t \$885.50  n t \$1,667.50  ater discharge	Discharge to Land Fixed initial deposit \$885.50  Discharge to Water Fixed initial deposit \$1,150.00  Change of Consent Conditions Fixed initial deposit Administration conditions: \$500 All other conditions: \$885.50  Transfer of activity location Fixed initial deposit \$885.50  Intensive Winter Grazing Fixed initial deposit \$885.50  Other Fixed initial deposit \$885.50

be legally responsible for the consent and any associated costs. Should

3

PARTNERSHIP/UNINCORPORATED ENTITY DETAILS

For partnerships or unincorporated entities (such as private or family

5A	PROVIDE A BRIEF DESCRIPTION OF THE ACTIVITY TO WHICH THIS APPLICATION RELATES
5B	EFFECT ON STATUTORY ACKNOWLEDGMENTS
	Is the activity on, adjacent to, or may affect land that is subject of a statutory acknowledgment?  Yes  No
	List of statutory acknowledgments:
	Ngāti Tūwharetoa (Bay of Plenty) Claims Settlement Act 2005 Ngaa Rauru Kiitahi Claims Settlement Act 2005
	Ngāti Apa (North Island) Claims Settlement Act 2010
	Rangitāne o Manawatu Claims Settlement Act 2016
	Rangitāne Tū Mai Rā (Wairarapa Tamaki nui-ā-Rua) Claims Settlement Act 2017
	Ngāti Rangi Claims Settlement Act 2019
	Information on statutory acknowledgments can be found on the Horizons website: https://www.horizons.govt.nz/about-our-region-and-council/iwi-and-hapu
	If yes, Council must have regard to the statutory acknowledgments. We recommend that applicants considering undertaking
	works that may affect a statutory acknowledgment make contact with local iwi and/or hapū before the lodgement of a consent
	application to determine if there are any effects on the statutory acknowledgment.
5C	TE AWA TUPUA (WHANGANUI RIVER CLAIMS SETTLEMENT) ACT 2017
	Are the proposed works in the Whanganui catchment?  Yes  No
	Please note that this covers a large area. If you are unsure, please contact the consents team.
	If yes, the Whanganui River and its wider catchment is the subject of the Te Awa Tupua (Whanganui River Claims Settlement) Act
	2017. Council must have regard to the values of Te Awa Tupua when making a decision on any application we receive (regardless of
	activity status). On that basis, we recommend that parties undertaking works within the Whanganui catchment make contact with Ngā Tāngata Tiaki o Whanganui and local iwi and/or hapū before lodgment of a consent application to confirm any requirements
	under Te Awa Tupua and obtain feedback on the proposed works.
5D	TE WAIŪ-O-TE-IKA - WHANGAEHU RIVER (NGĀTI RANGI CLAIMS SETTLEMENT ACT 2019
	Are the proposed works in the Whangaehu catchment?  Yes  No
	Please note that this covers a large area. If you are unsure, please contact the consents team.
	If yes, the Whangaehu River and its wider catchment is the subject of the Te Waiū-o-Te-Ika (Ngāti Rangi Claims Settlement Act
	2019). Council must have regard to the values (Te Mana Tupua and Ngā Toka Tupua) of Te Waiū-o-Te-lka when making a decision on any application we receive (regardless of activity status). On that basis, we recommend that parties undertaking works within
	the Whanganui catchment make contact with local iwi and/or hapū before lodgment of a consent application to confirm any requirements under Te Waiū-o-Te-Ika and obtain feedback on the proposed works.



5E	<b>ARE THERE ANY CURRENT O</b> If yes, please provide consent number	R EXPIRED CONSENTS RELATING Der(s) and description.	IG TO THIS PROPOSAL?	YES NO
5F	IF THIS IS A RENEWAL OR RE	PLACEMENT APPLICATION, DO	YOU AGREE TO SURRENDER	
		HOULD THIS APPLICATION BE C		YES NO
5 <b>G</b>		SENTS REQUIRED FROM HORIZ	ONS REGIONAL COUNCIL?	YES NO
	If yes, please state the type of conso	ent required and status.		
5H				
эп	~	R RESOURCE CONSENT FROM A tate the relevant authority, type of con		YES NO
6	VALUE OF INVESTMENT (REI	NEWAL APPLICATIONS ONLY)		
	Please complete this section ONLY	if your application is to renew an existi	ng consent. Select the value below of y value (as opposed to replacement valu	
	< \$10,000	\$50,000 TO \$250,000	\$1M TO 5 M	>\$50 M
	\$10,000 – 50,000	\$250,000 - \$1,000,000	\$5M - \$50M	
			on the granting of this application is sig er credible indication of current/recent	



	LOCATION OF PROPOSED ACTIVITY				
	Is the activity in a coastal marine area? (As defined in the RMA 1991)	YES NO			
	Property address				
	Legal description (This can be found on your rates invoice)				
	Valuation number/s				
			• • • • • • • • • • • • • • • • • • • •		
	Map reference (NZTM 2000)(If known)	E		N	
	IF THE OWNER AND/OR OCCUPIER OF TH NAMES AND CONTACT DETAILS	E ACTIVITY SITE D	IFFERS FROM THE AI	PPLICANT, PLEASE PR	OVIDE THEIR
	Owner Name				
	Postal address				
	Email address				
	Phone number/s				
	Home Business		Mobile	Fax	
	Please note that written approval is required from thi	s landowner and should	l accompany this application	on.	
	FIXED INITIAL DEPOSIT FOR APPLICATION	)N			
	Please refer to the table in Section 5 for the relevant lodg with your application.	ement fee required	our Annual Plan. Any add on your application.	itional costs will be invoiced fo	ollowing a decision
This fee is <b>REQUIRED</b> 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.		re to pay the fee upon	If a refund is due, you will be notified by letter or email advising you of the process to receive this.  Payment Methods for Deposit		
Please note that this initial deposit payment may not cover the full cost processing the application. In accordance with Section 36(3) of the RM. Council reserves the right to recover actual and reasonable costs for coapplications where the costs exceed the initial preliminary deposit. In sinstances, where additional information is sought by either party, costs increase and additional charges may be invoiced. Any additional charge		5(3) of the RMA, tle costs for consent by deposit. In some er party, costs can ditional charges will be	<ul> <li>Internet banking to Horizons Regional Council bank account (see below)</li> <li>Over the counter – payments can be made at any of our offices listed on our website, using credit card, EFTPOS or cash</li> <li>Please note – you will be liable for any current charges associated with this consent up until Horizons Regional Council receives a surrender or</li> </ul>		
	payable in accordance with the schedule of additional ch		transfer form.	A consumt No	Cff
	Name of account Horizons Regional Council	Bank 02	Branch 0630	Account No. 0024883	Suffix 003
	Note:				
	Payer Particulars – Applicant surname or party Payer Code – CONSENTS Payer Reference – Company name or surname		ehalf of applicant		
	Please write below what you have entered for the	PayerCode/Payer Refer	ence details when makin	g your deposit online.	
	C 0	N S E N T	S		
	Payer Particulars Payer Co	ode	Payer Reference	– Name of Applicant	
				. Payment date	
	Total amount paid \$			,	
	Is the Council required to quote a purchase order rall Local and Central Government Agencies will required.	number on future invoi		•	



Hav	ve 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 yo	ou have already dealt with a member of Horizons Regional Council regarding your application, please specify their name.
 Ple	ease contact the consents team on freephone <b>0508 800 800</b> if you require assistance with your application.

## 10 APPLICANT DECLARATION

**FINAL CHECKLIST** 

Iconfirm the information contained within this application and additional information is true and correct at the time of submission.
Signature of applicant Date

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. Application charges involve payment of an initial fixed deposit (minimum application fee) at the time an application is lodged with Council. Where an application is to be limited or publicly notified, a further fixed deposit is required to be paid to Council one week prior to notification occurring. In instances where the total cost of processing an application is not fully covered by the fixed deposit(s), an additional charge(s) will be made under Section 36(5) of the RMA to recover the actual and reasonable costs incurred by the Council in carrying out its statutory functions.

# **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.

