Notice of Transfer of a **Resource Consent**



Pursuant to Sections 134 – 137 of the Resource Management Act 1991, the undersigned gives notice of the transfer of ownership of a Resource Consent, or we request that the name of the Consent Holder is changed, in accordance with the details below.

! PLEASE READ BEFORE COMPLETING THIS FORM

You should complete any remedial or required works before you transfer your consent. You will also remain liable for any non-compliance with the consent conditions that occurred prior to transfer, and for any consent related charges up to the time of transfer. You may wish to contact the consents team on freephone **0508 800 800** to verify this.

Your consent will not be transferred until we have received written authorisation from both parties. Please make sure that this form is signed and completed, then returned to us as soon as possible.

We will send you written notice when the transfer is completed.

1 CONSENT DETAILS

If you are unsure of your consent number, the details of all consents on your property can be found on our public mapping system. https://maps.horizons.govt.nz/Gallery/

Consent number/s (e.g ATH-20159875-00)	Purpose of consent (as stated on resource consent document)	Activity location (as stated on resource consent document)

2	CURRENT CONSENT HOLDER DETAILS						
	Full name/s Postal address						
	Email address						
	Primary contact person/s						
	Phone number/s						
	Home Business Mobile Fax						
	DECLARATION						
As described above, the Consent Holder/s interest in the resource consent/s referred to in Section 1 is hereby transferred, subject to the provisions of the Resource Management Act and any relevant consent conditions. All existing Consent Holder/s must sign this form.							
	Signature of existing consent holder						
	Printed name of existing consent holder						
	Date						



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NEW CONSENT HOLDER DETAILS

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 and you must also provide the name of a person or persons as a point of contact for the application.

For **partnerships, groups 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.

We will send you written notice when the transfer is completed.

Full name/s of new conser This is the name/s that your co	nt holder nsent will be held under. We will not issue consents in the name of unregistered companies.
Postal address	
Physical address (If different from postal addres.	s)
Email address	
Phone number/s	
Home	Business Mobile Fax
DECLARATION	
	stood the notes on the reverse page of this form. I/We acknowledge that the Resource Consent is to be in this form and will comply with all conditions of the Resource Consent.
I/We accept liability for all sign this form.	charges associated with the Resource Consent from the date of transfer. All new Consent Holder/s must
Signature of existing cons	ent holder
Printed name of existing of	onsent holder
PARTNERSHIP/UNINCO	RPORATED ENTITY DETAILS
must provide details of all on a separate page if nece	or unincorporated entities (such as private or family trusts or unincorporated bodies or societies) you authorised partners, trustees or members. Include details of any further partners/trustees/members essary. Your consent will then include these names, and all individuals will be legally responsible for the d compliance issues. Should these persons change, then you must notify us.
Name of person	
Residential address	
Signature	
Name of person	
Residential address	
Signature	



OCCUPIER DETAILS							
If the owner and/or occup contact details.	ier of the activity sit	e differ from the cons	ent holder (transfere	e) please provide their r	names and		
Owner name/s							
Postal address							
Email address							
Phone number/s							
Home	Business	Mo	obile	Fax			
Signature		• • • • • • • • • • • • • • • • • • • •		Date			
Occupier name/s	Occupier name/s						
Postal address							
Email address							
Phone number/s							
Home	Business	Mo	obile	Fax			
Signature				Date			
instances where administration ti additional charges will be payabl charges laid out in our Annual Pla charges, should be mutually agre	ST) in accordance with the Horizons Regional Council Charges Schedule. In some istances where administration time to process the transfer is above the deposit, dditional charges will be payable in accordance with the schedule of additional narges laid out in our Annual Plan. Payment of this deposit, and any additional narges, should be mutually agreed by both the current and new consent older/s prior to lodging the transfer.		 Internet banking to Horizons Regional Council bank account (see below) Over the counter – payments can be made at any of our offices listed on our website, using credit card, EFTPOS or cash Please note – you will be liable for any current charges associated with this consent up until Horizons Regional Council receives a surrender or transfer for 				
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.							
Payer Particulars – Applicant Payer Code – CONSENTS Payer Reference – Company	name or surname of app	icant		a vour deposit online			
Payer Particulars – Applicant Payer Code – CONSENTS Payer Reference – Company	name or surname of app	icant PayerCode/Payer Referer		g your deposit online.			
Payer Particulars – Applicant Payer Code – CONSENTS Payer Reference – Company	name or surname of app	icant PayerCode/Payer Referen	nce details when making	g your deposit online. – Name of Applicant			
Payer Particulars – Applicant Payer Code – CONSENTS Payer Reference – Company Please write below what you	name or surname of appi have entered for the F C O Payer Co	icant PayerCode/Payer Referen N S E N T de	nce details when making S Payer Reference	- Name of Applicant Payment date			

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Unless it expressly provides otherwise, a Resource Consent may be transferred to another person or party if they will be operating the same activity at the same location. That transfer can involve the whole or part of a Resource Consent, and if it is a water or discharge permit, may be temporary or permanent.

Please note, this form is not for the transfer of location of a resource consent. A Resource Consent is a legal document. This means that written authorisation from all relevant parties is required before it can be transferred. This form enables the transfer process, and must be completed and signed by both the current and the new Consent Holder.

