

# Application

## works in a waterbody / structures / bridges / culverts

Is this application replacing an expired or expiring consent?

Yes ☐ No ☐

If yes, please specify resource consent number(s):

Do you agree to surrender your current consent should this application be granted?

Yes ☐ No ☐

Consent holder:

Contact person:

Postal address: \_\_\_\_\_

Phone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email address: \_\_\_\_\_ Best contact time: \_\_\_\_\_

Location and property address of activity: \_\_\_\_\_

Legal description / valuation number of property: \_\_\_\_\_

Do you own the property where the works will take place?

Yes ☐ No ☐

If the answer is no, then who does own the property? \_\_\_\_\_

Contact details of landowner: \_\_\_\_\_

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

**Please describe in detail what is it that you wish to do: (if a structure is proposed, please include a drawing or plan showing the location and design of the structure / work) if there is not enough space please continue on a separate sheet of paper**

Continued Overleaf

What is the name of the waterbody you are working in?

Who will be doing the work?

Is there any vegetation adjacent to the waterbody?

Yes ☐ No ☐

If the waterbody is being excavated what will you do with the excavated material?

What time of the year do you plan to do the work?

How long will it take to complete the work?

Period of time consent is required for (max 35 years):

**Please provide a site plan / map to scale showing the location(s) of the activity**

**Please note:** if you do not provide enough information your application may not be accepted

## Fees and charges

A lodgement fee of \$885.50 (incl GST) is required with your application. Failure to send the fee may result in rejection of your application.

If you would like to pay your lodgement fee via internet banking please make payment to **02-0630-0024883-003**, please insert CONSENT HOLDER NAME in **reference** and CONSENTS in **code**.

Signature of applicant: \_\_\_\_\_

(or person authorised to sign on behalf of the Applicant)

Date: \_\_\_\_\_

**Ring Horizons Regional Council's consents team on freephone 0508 800 800 if you require assistance.**

The information provided on this form will be used to process the consent application and, if granted, to monitor the exercise of the consent. The information requested is required by the Resource Management Act 1991. Horizons Regional Council may disclose the information if a request is made by another party, under provisions of the Local Government Official Information and Meetings Act. Horizons Regional Council may also publicly disclose some of this information in circumstances where consent conditions have been breached. Under the Privacy Act 1993, you have the right of access to personal information about you held by Horizons Regional Council and you are also entitled to request information about you to be corrected.



11-15 Victoria Avenue  
Private Bag 11 025  
Manawatu Mail Centre  
Palmerston North 4442

T 0508 800 800  
F 06 952 2929  
help@horizons.govt.nz  
www.horizons.govt.nz