

# AFFECTED PARTY APPROVAL FORM

## The Resource Management Act 1991 (Section 95E)

Written approval of person(s) likely to be adversely affected by a resource consent application

**TO: Horizons Regional Council**  
Private Bag 11025  
PALMERSTON NORTH 4442

### To be completed by applicant *Please use BLOCK CAPITALS*

**Name of applicant:**

**I have applied to Horizons Regional Council for a Resource Consent / Permit to:**

*(Description of activity)*

**The property to which this application relates is:**

*street address, legal description, locality, place name etc*

### To be completed by person(s) or organisation giving approval

*Please use BLOCK CAPITALS*

**Name of person(s) or organisation giving approval:**

**Full name:**

**Position:** *(if applicable—eg for organisation)*

**Daytime phone number:**

Email address: \_\_\_\_\_

I am the  Owner  Occupier  of the following property:

*Address and legal description*

Postal address: *if different from above*

### I hereby acknowledge:

1. I have **been shown a copy of the above application and any other relevant details;**
2. I have been shown and **have signed a copy of all relevant plans or drawings, which are attached hereto** (copies of the signed plans are to be lodged with the application); and
3. I do not oppose the proposal and give my written approval in terms of the Resource Management Act 1991;
4. I authorise the applicant to give this written approval to Horizons Regional Council; and
5. I understand that in consideration of the application the Council will not take into account any actual or potential effects on my interests with respect to this proposal.

#### Notes

**It is not appropriate to impose conditions on this form.**

**If you request any conditions to your approval, please ask the applicant to amend their application to reflect these changes.**

**You are entitled to refuse to give your written approval.**

**You can withdraw your approval at any time up until Council issues a decision. You must advise Council in writing that your approval has been withdrawn. You should also let the applicant know.**

If you are in any doubt do not hesitate to contact a member of the consents staff at Horizons Regional Council to discuss the proposal.

Signed: \_\_\_\_\_

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

On behalf of: \_\_\_\_\_

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



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