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 wil				
Director/Chief Executive	sh Edwards			
Company registration number. We will not accept applications made				
Applicant's postal address .1	ili Larie, Arrowlowii, 937 i			
Applicant's residential address .				
If different from postal address above				
Applicant's email address .C/- A	gent			
Applicant's phone number/s				
Home	Business	Mobile	Fax	
APPLICANT CONSULTANT/AG	ENT DETAILS			
(If applicable)				
Name/Company name Land N	/latters Limited			
No. of the latest the same of				
20 Addington F	?oad Ōtaki			
Postal address 20 Addington F				
Email address tom@landmatt	ers.nz			
Phone number/s				
Home	Business	Mobile 877 8	94 Fax	



	For partnerships or unincorporated entities (trusts or unincorporated bodies or societies) of all authorised partners, trustees or member will then include these names (where possible	you must provide details ers. Any consent granted	these persons, or their	for the consent and any associated costs. Should contact details change, then you must notify us. rther partners/trustees/members on a separate
	Name of person			
:	·			
:	,			
	Status(Such as partner or trustee)			
	Residential address			
	Name of person	• • • • • • • • • • • • • • • • • • • •	***************************************	
-	Status(Such as partner or trustee)			
	Residential address		********	
٠.			-	
-				
4	WHO SHOULD WE SEND APPLICATIO	N CORRESPONDENCI	ETO?	
•."	Applicant Oconsultant//	\gent		
:		<i>:</i> .		
	Preferred address for service:			
	Residential address Po	ostal Address	OX number	Email Fax
	Note: All further costs will be invoiced directly	to the Applicant unless othe	rwise specified	
5	RESOURCE CONSENT/S SOUGHT			
٠.	Please select each of the following consents y	ou are applying for. Pleas	e note all prices are GST i	nclusive.
	Orilling of a Well Fixed initial deposit \$575.00	Land Disturb Clearance (e. Fixed initial dep	ance/Vegetation g. Earthworks) posit \$920.00	Discharge to Land Fixed initial deposit \$885.50
:	Surface Water Take Fixed initial deposit	·	ance/Vegetation	Discharge to Water Fixed initial deposit \$1,150.00
i	Stock Water: \$977.50	Clearance (e.	g. Forestry activities	rixea inidal deposit \$1,150.00
	Irrigation: \$1,207.50 Other: \$1,150.00	including NE Fixed initial dep	S Production Forestry) Posit \$920.00	Change of Consent Conditions Fixed initial deposit Administration conditions: \$500
:	Groundwater Take	Transfer of Co		All other conditions: \$885.50
:	Flxed initial deposit Stock Water: fee \$885.50	Fixed Initial dep	oosit \$100.00	Transfer of activity location
-	Irrigation: \$1,863.00	─ Works in a W		Fixed initial deposit \$885.50
:	Other: \$1,115,00	Fixed initial dep	osit \$885.50	•
	Dairyshed Discharge Fixed Initial deposit \$885.50	Gravel Extrac		
	Land use Intensive Farming and Associated Discharges	On-site Waste Fixed initial dep	ewater discharge posit \$885.50	
:	Fixed initial deposit \$1,725.00 Land Disturbance/Vegetation Clearance (infield consents) Fixed initial deposit \$200.00	Discharge to Fixed initial dep		

3

PARTNERSHIP/UNINCORPORATED ENTITY DETAILS

A	A PROVIDE A BRIEF DESCRIPTION OF	FTHE ACTIVITY TO WI	HICH THI	S APPLICATION RELAT	ES		
	See attached AEE						
В	ARE THERE ANY CURRENT OR EXPI		TING TO	THIS PROPOSAL?		YES	O NO
	Consents to drill wells - APP	-2020202949.00	and Al	PP-2020203002.0	0		
C	IF THIS IS A RENEWAL OR REPLACE YOUR CURRENT CONSENT SHOULD				R	O YES	O NO
:							
				5.			
D	ARE THERE ANY OTHER CONSENTS If yes, please state the type of consent requ	REQUIRED FROM HO ired and status.	RIZONS	REGIONAL COUNCIL?		• YES	NO
							. •
	See attached AEE						
E	DO YOU REQUIRE ANY OTHER RESC THIS ACTIVITY? If yes, please state the	OURCE CONSENT FRO	M ANY Lo	OCAL AUTHORITY FOR quired and status.	l	• YES	O NO
	Horowhenua District Council	- see attached A	ÆE				
!							
,	VALUE OF INVESTMENT (RENEWAL Please complete this section ONLY if your a dependent on this consent. Please note this	pplication is to renew an ex	xisting con	sent. Select the value belov as opposed to replacement	/ of your i value).	nvestment whi	ch is
	<\$10,000	\$50,000 TO \$250,000	\circ	\$1 M TO 5 M	0	>\$50 M	
	\$10,000 ~ 50,000	\$250,000 - \$1,000,000	\bigcirc	\$5M - \$50M	_		
	If the scope of the investment relating to th	e activity(ies) which is relia			s significa	ant, you will nee	ed provide

evidence of this valuation with the application; such as a valuation or other credible indication of current/recent market value.



	LOCATION OF PROPOSED ACTIVITY				
	Is the activity in a coastal marine area? Yes (As defined in the RMA 1991)	9			
	Property address 765 Muhunoa West Road, Öh	nau			
	Legal description Lots 1 & 2 DP 51446 and pa (This can be found on your rates invoice)	rt of Lot 4 DP	44581 Blks I III Walton	u SD (Esplanade R	eserve)
	Valuation number/s		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
	Map reference (NZTM 2000)	E		N	• • • • • • • • • • • • • • • • • • • •
	(If known)				
	IF THE OWNER AND/OR OCCUPIER OF THE AC NAMES AND CONTACT DETAILS	TIVITY SITE D	IFFERS FROM THE API	PLICANT, PLEASE PR	ROVIDE THEIR
	Owner Name Campbell & Joanna Andrews		·		
	FOR BUILDING				
	Email address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Phone number/s				
	Home		Mobile	Fax	
					•••••
	Please note that written approval is required from this land	aowner ana snouic	з ассотрапу инѕ аррысацы	.	
	1121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	FIXED INITIAL DEPOSIT FOR APPLICATION			•	
	with your application. This fee is REQUIRED when an application is submitted and is towards the final cost of processing the application. Failure to plodging your application may result in rejection of your application may result in rejection of your application that this initial deposit payment may not cover the processing the application. In accordance with Section 36(3) of Council reserves the right to recover actual and reasonable cost	oay the fee upon ation. full cost of f the RMA,	Annual Plan. Any additional application. Payment Method for Dep Internet banking to the company of the payment made payable to application documents)	the schedule of additional I costs will be invoiced follo osit redit of Horizons Regional C Horizons Regional Council ons Regional Council Office,	wing a decision on you ouncil (see below) (to be lodged with
	applications where the costs exceed the initial preliminary dep instances, where additional information is sought by either par		Palmerston North)	ons negional council office,	VICTORIA AVERTUCI
	Name of account	Bank	Branch	Account No.	Suffix
	Horizons Regional Council	02	0630	0024883	003
-	Note:			-	
-	Note: Payer Particulars – Applicant surname or party mak Payer Code – CONSENTS Payer Reference – Company name or surname of a		oehalf of applicant	-	
-	Payer Particulars – Applicant surname or party mak Payer Code – CONSENTS Payer Reference – Company name or surname of a	oplicant		vour deposit online	
	Payer Particulars – Applicant surname or party mak Payer Code – CONSENTS	oplicant	rence details when making	your deposit online. D I E R Name of Applicant	
	Payer Particulars – Applicant surname or party make Payer Code – CONSENTS Payer Reference – Company name or surname of application of the Payer Payer Payer Payer Payer Payer Payer Code	oplicant rCode/Payer Refe S E N T	rence details when making S G R E N A Payer Reference -	DIER	2020
	Payer Particulars – Applicant surname or party make Payer Code – CONSENTS Payer Reference – Company name or surname of application of the Payer Reference – Company name or surname of application of the Payer Please write below what you have entered for the Payer L M L C O N Payer Particulars Payer Code Total amount paid \$ 2,920.50	oplicant rCode/Payer Refe	rence details when making S G R E N A Payer Reference –	DIER	2020
	Payer Particulars – Applicant surname or party make Payer Code – CONSENTS Payer Reference – Company name or surname of application of the Payer Payer Payer Payer Payer Payer Payer Code	oplicant rCode/Payer Refe	rence details when making S G R E N A Payer Reference –	DIER	2020
	Payer Particulars – Applicant surname or party make Payer Code – CONSENTS Payer Reference – Company name or surname of application of the Payer Reference – Company name or surname of application of the Payer Please write below what you have entered for the Payer L M L C O N Payer Particulars Payer Code Total amount paid \$ 2,920.50	rCode/Payer Refe	rence details when making S G R E N A Payer Reference –	DIER	2020



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

10 APPLICANT DECLARATION

FINAL CHECKLIST

Tom Bland	confirm the information contained within this application and additional information is true and correct
at the time of submission.	• •
	Date 21/12/2020
(Or person authorised to sign on behalf of t	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.

