

# 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 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.

Full legal name/s of applicant .....  
*This is the name/s that the consent will be issued to. There is space in part 2 to complete consultant/contractor details*

Director/Chief Executive .....

Company registration number .....  
*We will not accept applications made in the name of unregistered companies*

Applicant's postal address  
.....

Applicant's residential address  
.....  
*If different from postal address above*

Applicant's email address .....

**Applicant's phone number/s**

Home ..... Business..... Mobile ..... Fax.....

### 2 APPLICANT CONSULTANT/AGENT DETAILS

(If applicable)

Name/Company name .....

Contact person .....

Postal address  
.....

Email address .....

**Phone number/s**

Home ..... Business..... Mobile ..... Fax.....

### 3 PARTNERSHIP/UNINCORPORATED ENTITY DETAILS

For partnerships or unincorporated entities (such as private or family trusts or unincorporated bodies or societies) you must provide details of all authorised partners, trustees or members. Any consent granted will then include these names (where possible), and all individuals will

be legally responsible for the consent and any associated costs. Should these persons, or their contact details change, then you must notify us. Include details of all further partners/trustees/members on a separate page if necessary.

Name of person .....

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)*

Residential address .....

### 4 WHO SHOULD WE SEND APPLICATION CORRESPONDENCE TO?

Applicant  Consultant/Agent

**Preferred address for service:**

Residential address  Postal Address  DX number  Email  Fax

**Note:** All further costs will be invoiced directly to the Applicant unless otherwise specified

### 5 RESOURCE CONSENT/S SOUGHT

Please select each of the following consents you are applying for. **Please note all prices are GST inclusive.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Drilling of a Well<br><i>Fixed initial deposit \$575.00</i>  | <input type="checkbox"/> Land Disturbance/Vegetation Clearance (e.g. Earthworks)<br><i>Fixed initial deposit \$920.00</i>  | <input type="checkbox"/> Discharge to Land<br><i>Fixed initial deposit \$885.50</i>   |
| <input type="checkbox"/> Surface Water Take<br><i>Fixed initial deposit \$977.50</i><br><i>Stock Water: \$1,207.50</i><br><i>Irrigation: \$1,150.00</i><br><i>Other: \$1,150.00</i> | <input type="checkbox"/> Land Disturbance/Vegetation Clearance (e.g. Forestry activities including NES Production Forestry)<br><i>Fixed initial deposit \$920.00</i> | <input type="checkbox"/> Discharge to Water<br><i>Fixed initial deposit \$1,150.00</i>  |
| <input type="checkbox"/> Groundwater Take<br><i>Fixed initial deposit \$885.50</i><br><i>Stock Water: fee \$885.50</i><br><i>Irrigation: \$1,863.00</i><br><i>Other: \$1,115.00</i> | <input type="checkbox"/> Transfer of Consent<br><i>Fixed initial deposit \$100.00</i>  | <input type="checkbox"/> Change of Consent Conditions<br><i>Fixed initial deposit \$500</i><br><i>Administration conditions: \$500</i><br><i>All other conditions: \$885.50</i> |
| <input type="checkbox"/> Dairyshed Discharge<br><i>Fixed initial deposit \$885.50</i>   | <input type="checkbox"/> Works in a Waterbody<br><i>Fixed initial deposit \$885.50</i>   | <input type="checkbox"/> Transfer of activity location<br><i>Fixed initial deposit \$885.50</i>   |
| <input type="checkbox"/> Land use Intensive Farming and Associated Discharges<br><i>Fixed initial deposit \$1,725.00</i>  | <input type="checkbox"/> Gravel Extraction<br><i>Fixed initial deposit \$1,667.50</i>  | <input type="checkbox"/> Intensive Winter Grazing<br><i>Fixed initial deposit \$885.50</i>  |
|   | <input type="checkbox"/> On-site Wastewater discharge<br><i>Fixed initial deposit \$885.50</i>   | <input type="checkbox"/> Other<br><i>Fixed initial deposit \$885.50</i>   |
|   | <input type="checkbox"/> Discharge to Air<br><i>Fixed initial deposit \$1,150.00</i>   |   |

**5A PROVIDE A BRIEF DESCRIPTION OF THE ACTIVITY TO WHICH THIS APPLICATION RELATES**

**5B ARE THERE ANY CURRENT OR EXPIRED CONSENTS RELATING TO THIS PROPOSAL?**

If yes, please provide consent number(s) and description.

YES  NO

**5C IF THIS IS A RENEWAL OR REPLACEMENT APPLICATION, DO YOU AGREE TO SURRENDER YOUR CURRENT CONSENT SHOULD THIS APPLICATION BE GRANTED?**

YES  NO

**5D ARE THERE ANY OTHER CONSENTS REQUIRED FROM HORIZONS REGIONAL COUNCIL?**

If yes, please state the type of consent required and status.

YES  NO

**5E DO YOU REQUIRE ANY OTHER RESOURCE CONSENT FROM ANY LOCAL AUTHORITY FOR THIS ACTIVITY?**

If yes, please state the relevant authority, type of consent required and status.

YES  NO

**6 VALUE OF INVESTMENT (RENEWAL APPLICATIONS ONLY)**

Please complete this section ONLY if your application is to renew an existing consent. Select the value below of your investment which is dependent on this consent. Please note this must be on the book/market value (as opposed to replacement value).

<input type="checkbox"/> < \$10,000	<input type="checkbox"/> \$50,000 TO \$250,000	<input type="checkbox"/> \$1M TO 5 M	<input type="checkbox"/> >\$50 M
<input type="checkbox"/> \$10,000 – 50,000	<input type="checkbox"/> \$250,000 - \$1,000,000	<input type="checkbox"/> \$5M - \$50M	<input type="checkbox"/>

If the scope of the investment relating to the activity(ies) which is reliant on the granting of this application is significant, you will need provide evidence of this valuation with the application; such as a valuation or other credible indication of current/recent market value.

## 7 LOCATION OF PROPOSED ACTIVITY

Is the activity in a coastal marine area?  YES  NO  
*(As defined in the RMA 1991)*

Property address .....

Legal description  
*(This can be found on your rates invoice)*  
 .....

Valuation number/s  
 .....

Map reference (NZTM 2000) ..... E ..... N .....  
*(If known)*

## 7A IF THE OWNER AND/OR OCCUPIER OF THE ACTIVITY SITE DIFFERS FROM THE APPLICANT, PLEASE PROVIDE THEIR NAMES AND CONTACT DETAILS

Owner Name .....

Postal address  
 .....

Email address .....

### Phone number/s

Home ..... Business ..... Mobile ..... Fax .....

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

## 8 FIXED INITIAL DEPOSIT FOR APPLICATION

Please refer to the table in Section 5 for the relevant lodgement fee required with your application.

This fee is **REQUIRED** 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.

Please note that this initial deposit payment may not cover the full cost of processing the application. In accordance with Section 36(3) of the RMA, Council reserves the right to recover actual and reasonable costs for consent applications where the costs exceed the initial preliminary deposit. In some instances, where additional information is sought by either party, costs can increase and additional charges may be invoiced. Any additional charges will be payable in accordance with the schedule of additional charges laid out in

our Annual Plan. Any additional costs will be invoiced following a decision on your application.

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

- 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 form.**

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.

		C O N S E N T S		
Payer Particulars	Payer Code	Payer Reference – Name of Applicant		

Total amount paid \$ ..... Payment date .....

Is the Council required to quote a purchase order number on future invoices for this application?  
*All Local and Central Government Agencies will require a Purchase Order*

Yes  No Order Number .....

**FINAL CHECKLIST**

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.

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

**APPLICANT DECLARATION**

I ..... confirm the information contained within this application and additional information is true and correct at the time of submission.

Signature of applicant ..... Date .....

*(Or person authorised to sign on behalf of 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. 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.