

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:

Application No. (if known):

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 You must advise Council in writing that your approval has been withdrawn.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 free-phone 0508 800 800 if you require assistance.



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Palmerston North 4442

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