

Resource Consent Application - Land Use

Pursuant to Section 88 of the Resource Management Act 1991



To: The Chief Executive Officer
 South Waikato District Council
 Private Bag 7
 Torphin Crescent
 TOKOROA 2392

Contact: Planning Section
 Telephone: (07) 885 0340
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 Email: info@swktodc.govt.nz
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Submitter Details

I/We (*full names*):

Apply for a Resource Consent to:

Location to which this Application Relates

Street Address:

Legal Description (Lot & DPS No)

Property Owner and Occupier Details (where different)

	Owner (Current)	Occupier (Current)
Name:		
Postal Address:		

Additional Resource Consents applied for (tick)

<input type="checkbox"/>	Subdivision Consent	<input type="checkbox"/>	Water Permit	<input type="checkbox"/>	Discharge Permit
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Attached Information (tick)

<input type="checkbox"/>	An assessment of environmental effects in accordance with Section 88 and the Fourth Schedule of the Resource Management Act 1991.
<input type="checkbox"/>	Other information required by Council to be included in this application.

Declaration

I understand Council's fee structure (attached) and enclose a **deposit** amount of \$

This is a non-refundable minimum charge and I will incur actual costs for the processing of this application in due course.

Signature (Applicant/person authorised to sign on behalf):

Date:

Contact Details

Name:

Postal Address:

Phone:

Home:

Work:

Email: