

APPLICATION FOR CHANGE OR CANCELLATION OF A RESOURCE CONSENT CONDITION



Pursuant to Section 127 of the Resource Management Act 1991

Chief Executive
South Waikato District Council
Private Bag 7
TOKOROA 3444

Telephone (07) 885 0340
Fax (07) 885 0799
Email: info@southwaikato.govt.nz

OFFICE USE ONLY

Date received: _____

Deposit Paid: _____

\$ _____

It is important to complete this form and provide all necessary information as required in order to avoid delays in processing the application.

General Details

This application relates to the following Resource Consent

RM No: _____

Street address: _____

Legal description: _____

Lot No: _____

DP(S): _____

This application relates to the following specific condition of the Resource Consent:

Condition No: _____

The proposed change is as follows: (Does not apply to a cancellation)

Contact details

Applicant

Name: _____

Street address:
(If different from above)

Home phone: _____

Work phone: _____

Cell phone: _____

Fax or Email: _____

Contact details (continued)

Applicant's agent <i>(Contacts for service if different from above)</i>	Name:	
	Street address:	
	Landline:	
	Cell phone:	
	Fax or Email:	

Information to be submitted with this application

Attach the following information in support of your application. If inadequate information is supplied with your application, this will cause delays in processing the application.

	This completed, application form, signed and dated by persons responsible for payment of fees and charges.
	A copy of the original resource consent decision, and approved plans.
	An assessment of environmental effects in accordance with Schedule 4 of the RMA in the detail that corresponds with the scale and significance of the effects that a change to, or cancellation of, the activity may have on the environment.
	Any information required to be included in this application by the District Plan, the Regional Plan, the Resource Management Act 1991, or any regulations made under that Act.
	Three copies of all documents (two plus the original).
	The required deposit must be paid before any processing of the application will start. I enclose a deposit fee of \$_____ for the processing of this application.

Signature

I/We hereby certify that, to the best of my/our knowledge and belief, the information given in the application is true and correct. I/We enclose the required deposit fee knowing this is a non-refundable minimum deposit charge and that I will undertake to pay all actual and reasonable costs for the processing of this application in due course.

Signature(s) _____ **Date** _____