## Application for extension of a lapsing period for a resource consent Pursuant to Section 125 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: **Consent No:** 

General Details										
This application is for an extension of time to the following Resource Consent:										
RM No:										
Which lapses on:										
Site to which the application relates is described as:										
Street address:										
Legal description:	Lot No:	DP(S):								
Any other information to assist identification of the property:										
Contact details										
Applicant	Name:									
	Street address: (If different from above)									
	Home phone:									
	Work phone:									
	Cell phone:									
	Fax:									
	Email:									
Applicant's agent	Name:									
(Contacts for service if different from above)	Street address:									
	Landline:									
	Cell phone:									
	Fax/Email:									

Wr	itten Approvals												
	Have you identified anyone who you consider is likely to be adversely affected by the												
	extension of time?			_				-		-			
			Yes			No							
			103			110							
	In respect of anyone identified as being adversely affected, have written approvals												
	been attached?								itteli appiovais				
			Yes			No				Some			
						,				Some			
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. <b>Two copies (including one unbound) of all information is required.</b>													
	A completed, signed application form including authorisation for site inspection and signed and dated by persons responsible for payment of fees and charges.												
	A copy of the original resource consent decision, and approved plans.												
	<ul> <li>A document detailing:</li> <li>The length of time extension sought.</li> <li>A time line of all areas of progress since the original consent was granted.</li> <li>The effect of the proposed time extension on the policies and objectives of the relevant District/Regional or proposed plan.</li> <li>Further explanation, if necessary, if some persons deemed to be adversely affected have not provided their written approval (as identified in the written approvals section).</li> </ul>												
	Any supporting documents/evidence showing that substantial progress or effort has been, and continues to be, made towards giving effect to the consent.  This may include marketing, arranging finance, commissioning construction plans, site investigations. Also note any impediments to progress.												
	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. I/We understand that Council may invoice me for the actual and reasonable costs incurred in 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													