

Application for Certificate of Compliance

Pursuant to Section 139 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:

Applicant

Applicant(s) full name

Location of proposed activity

Street address:

Legal description:

Lot No:

DP(S):

Any other information to assist identification of the property:

Proposal

Description of activity:

(Continue on another page if necessary)

Contact details

Applicant

Street address:
(If different from above)

Home phone:

Work phone:

Cell phone:

Fax:

Contact details (continued)

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

Information which must be submitted with this application

Tick to confirm that the information is attached

<input type="checkbox"/>	Site Plan (2 copies required)
<input type="checkbox"/>	Written details and calculations necessary for this proposal to be checked for compliance with the District Plan (2 copies required)
<input type="checkbox"/>	Initial required deposit fee <i>(An additional charge may also be payable on completion of processing where the initial application fee is inadequate to recover Council costs)</i>
<input type="checkbox"/>	Current copy of Certificate of Title for the property (less than 3 months old)
<input type="checkbox"/>	OR
<input type="checkbox"/>	I wish Council to obtain the Certificate of Title on my behalf <i>(A fee of \$20 will be added to the calculation of actual costs for the processing of your consent)</i>

Information which must be submitted if relevant to the application

Tick to confirm that the information is attached

<input type="checkbox"/>	Elevation Plans (2 copies required)
<input type="checkbox"/>	Internal building layout plans (2 copies required)
<input type="checkbox"/>	Car park plan (2 copies required)

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** _____