Application for Outline Plan of Works Pursuant to Section 176A of the Resource Management Act 1991





Send to: The Chief Executive **South Waikato District Council** Private Bag 7 **TOKOROA 3444**

ATTN: Planning Manager

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

OFFICE USE ONLY Date received: **Consent No:**

Applicant or authorised agent details					
Full name:					
I am:		From the Requiring Au	ıthority		
(Tick which applies)		Acting on behalf of the	e requiring	authority	
If the application is being submitted by someone other than the requiring authority then the application must be accompanied by a letter from the requiring authority giving that person consent to act on their behalf.					
Address for correspondence:					
Phone:	Home:		Work:		
Fax or email:					
Location of proposed activity					
Street address:					
Legal description:	Lot No:		DP(S):		
Designation: (eg for primary school, electricity sub station etc)					
Requiring Authority:					
Proposal					
Description of activity: (Continue over the page or on additional sheets if necessary)					

Descont	cription of activity					
	ormation which	n must be submitted with this application				
	An outline plan must The height, s The location The likely fin The vehicular The landscap Any other ma	show: shape and bulk of the public work, project, or work; and on the site of the public work, project, or work; and ished contour of the site; and r access, circulation, and the provision for parking; and bing proposed; and atters to avoid, remedy or mitigate any adverse effects on the environment. Int of any effects that the proposal may have on the environments incorporated into the proposal to avoid or mitigate those effects.				
	Initial required dep	posit fee (An additional charge may also be payable on completion of e initial application fee is inadequate to recover Council costs)				
	Current copy of Ce	rrent copy of Certificate of Title for the property (less than 3 months old)				
	OR					
		btain the Certificate of Title on my behalf added to the calculation of actual costs for the processing of your consent)				
		agent acting on behalf of requiring authority a letter is required from ority giving that person consent to act on their behalf.				
Sig	nature (of applica	ant or authorised agent)				
in th	e application is true refundable minimu	et, to the best of my/our knowledge and belief, the information given e and correct. I/We enclose the required deposit fee knowing this is a am deposit charge and that I will undertake to pay all actual and e processing of this application in due course.				
Sign	ature(s)	Date				