

Application for Right of Way Approval

Pursuant to Section 348 of the Local Government Act 1974



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:

Guidance Notes

This form provides Council with your contact details, and details about your proposal and its actual and potential effects on the environment. This application is made pursuant to section 348 of the Local Government Act 1974. Please note that your application may also be subject to all relevant provisions contained within the District Plan. Note that all the information provided in your application is available to the public.

You should also contact us if you are unsure about what forms you should be using, or if you need help with filling in this form. Duty Planners can be contacted on 07 885 0340. If you require a meeting with the Duty Planner, the first hour is free and all work thereafter is subject to planning and administration charges. If you have spoken to a member of our planning staff about your proposal, please enter their name here:

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: <i>(Continue on another page if necessary)</i>	
Existing number of users that are entitled to use the ROW	
Total number of end users benefitting from the ROW	<i>This number should include any potential number of users based on the capability of each lot as per District Plan zone standards</i>

Contact details

Applicant	Street address: <i>(If different from above)</i>	
	Home phone:	
	Work phone:	
	Cell phone:	
	Fax:	
	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"/>	A plan of the proposed Right of Way detailing widths and physical widths of the Right of Way formation
<input type="checkbox"/>	Details of any building consents for private drainage and any related retaining walls (building consent fence numbers and or drainage plans)
<input type="checkbox"/>	Details and engineering drawings locating other services or confirmation that no other services affected
<input type="checkbox"/>	Details of method for disposing of stormwater run-off from the carriageway
<input type="checkbox"/>	Written details and calculations necessary for this proposal to be checked for compliance with the District Plan (2 copies required). Identification of any District Plan Rules breached
<input type="checkbox"/>	Identification of those persons who are currently entitled to use the Right of Way
<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** _____