



APPLICATION FOR CHANGE AND/OR CANCELLATION OF CONDITION OF RESOURCE CONSENT

Section 127, Resource Management Act 1991

Ref: R-Form 10

Version: 2

Issued: 15 August 2016

Rangitikei District Council
Environmental & Regulatory Department
46 High Street, Private Bag 1102
Marton 4741
Phone: 06 327 0099 or 0800 422 522



PLEASE READ

- A deposit is required upon lodging your application with Council. The application will not be formally lodged until the deposit is received. Fee information is shown in the Schedule of Fees and Charges on Council's website www.rangitikei.govt.nz
- If a deposit is not received within **3 working days** from Council receiving the application, it will be returned to you without being lodged.
- Once this application is lodged with the Council, it becomes public information. If there is sensitive information in the proposal, please let us know.
- Under the Privacy Act 1993, you have the right to see and correct any personal information the Council holds about you.
- It is important that you answer all questions fully.

SECTION 1

APPLICANT DETAILS

Name of Applicant(s):

Contact person:

Mailing address:

Postcode:

Applicant(s) contact details:

Landline:

Mobile:

Email:

CONTACT DETAILS *(if different from applicant)*

Name of Contact *(during the application process)*

Contact person:

Mailing address:

Postcode:

Contact details:

Landline:

Mobile:

Email:

OWNER (if different from applicant)

Name of owner(s):

Contact person:

Mailing address:

Postcode:

Owner(s) contact details:

Landline:

Mobile:

Email:

COMMUNICATION

Invoicing:

 Applicant Contact

Further information:

 Applicant Contact

Correspondence:

 Applicant Contact

Preferred method:

 Email Post**SECTION 2****PROPOSED CHANGE AND/OR CANCELLATION OF CONDITION(S)**

Description of the proposed change and/or cancellation of condition(s):

Relevant resource consent:

Relevant condition(s) of the above-stated consent:

Proposed change(s) to this/these condition(s) is/are:
(continue on a separate sheet if necessary)

SECTION 3

APPROVAL OF AFFECTED PERSON(S)

(I/We have obtained the written approval of the following affected person(s):

IMPORTANT NOTE: Written approval forms must be completed by affected persons and should be attached to this application form.

Name of affected person(s):

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Owner:

Occupier:

Affected address:

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Name of affected person(s):

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Owner:

Occupier:

Affected address:

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Name of affected person(s):

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Owner:

Occupier:

Affected address:

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SECTION 4

CHECKLIST FOR APPLICATIONS

(Please ensure all relevant information/documentation is attached to the application)

IMPORTANT NOTE: Please ensure all information is provided with your consent application. Incomplete applications will be returned. Applicants will be charged for staff time associated with returning an incomplete application.

	Yes	No	N/A
Completed application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current computer register Certificate of Title (less than 6 months' old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the site where the activity is to occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment against Part 2 of the Resource Management Act 1991	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment against the Rangitikei District Plan (objectives, policies and rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment against any other relevant documents (eg National Environmental Standards, Horizons One Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of effects on the environment <i>(to be of a detail that corresponds to the scale and significance of the effects the activity may have on the environment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5

DECLARATION

I/We certify that, to the best of my/our knowledge and belief, the information given in this application is true and correct. I/We undertake to pay all actual and reasonable application costs incurred by the Rangitikei District Council.

Name:			
Signature:		Date:	

OFFICE USE ONLY

		Yes	No	N/A
1	Completed application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Current computer register Certificate of Title (less than 6 months' old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Description of the site where the activity is to occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	An assessment against Part 2 of the Resource Management Act 1991	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	An assessment against the Rangitikei District Plan (objectives, policies and rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	An assessment against any other relevant documents (eg National Environmental Standards, Horizons One Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	An assessment of effects on the environment <i>(to be of a detail that corresponds to the scale and significance of the effects the activity may have on the environment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Complete: <input type="checkbox"/>		Application Incomplete: <input type="checkbox"/>		
Reason for decision:				
Application sent back to:		Applicant <input type="checkbox"/>	Contact <input type="checkbox"/>	
Name of Officer:				
Signature:			Date:	