



APPLICATION FOR RIGHT OF WAY APPROVAL
Section 348, Local Government Act 1974

Ref: R-Form 1
Version: 1
Issued: 4 November 2014
Rangitikei District Council
46 High Street
Private Bag 1102
Marton 4741
Phone: (0800) 422 522

SECTION 1

Applicant

Name: *(Include preferred form of address, eg Mr, Miss, Dr if an individual)*

Applicant name:			
Mailing address:			
	Postcode:		
Phone Number(s) - Landline:		Mobile:	
Daytime:		After hours:	
Fax:		Email:	

SECTION 2

Land that easement is to be created over

Property owner:			
Property address:			
	Postcode:		
Legal Description:	Lot No:		DP:
Certificate of Title Reference:			

SECTION 3

Land that easement is to be created in favour of

Property owner:			
Property address:			
	Postcode:		
Legal Description:	Lot No:		DP:
Certificate of Title Reference:			

SECTION 4

Proposal

Description: *(Brief description of proposal including why Section 348 approval is required)*

SECTION 5

Supporting Documents

The following information has been provided in support of this application

A current certificate of title	<input type="checkbox"/>
A plan showing the right of way	<input type="checkbox"/>

SECTION 6**Signature**

The information supplied with this application is true and complete to the best of my knowledge. I understand the Council is relying on this information when making its decision on this resource consent.

Name:**Date:****Signature:****Please note**

Once this application is lodged with the Council it becomes public information. If there is any sensitive information in the proposal, please let us know.

The Council is only able to accept your application when you have completed all the details, provided all the relevant information, signed the application and paid the standard fees.