Appendix 5

Written Approvals





Form 8a of the Resource Management Regulations 2003.

Affected persons written approval to an activity that is the subject of a resource consent application.

Note to affected person(s) signing written approval form:

Before asking for your written approval the applicant should fully explain the proposal to you. You should look at the application containing a description of the activity and the accompanying plans. If you decide to give written approval to this application, you must complete the form and sign the applicant's plans. You should only sign this form if you fully understand the proposal. You should seek expert or legal advice if you need the proposal or resource consent process explained to you. You may also contact Council for assistance.

Conditional written approval cannot be accepted. There is no obligation to sign this form, and no reasons need to be given. If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

To be completed by the applicant

To: Name of Council that is the consent authority for this application: Select a Council

Applicant Name

Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

1881, 1871, 1863, 1865 Cambridge Rd, Cambridge

Legal description:

As detailed in WDC consent application Part A - 2.

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

242 Lot Residential Subdivision and Development as shown in attached plans















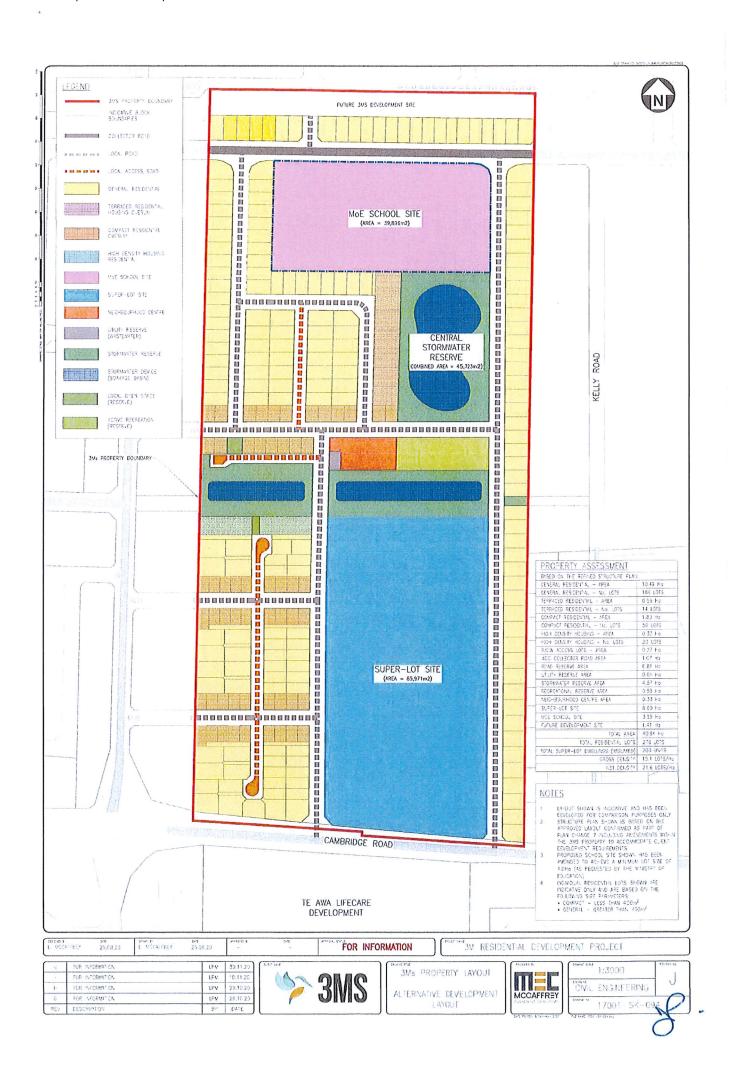


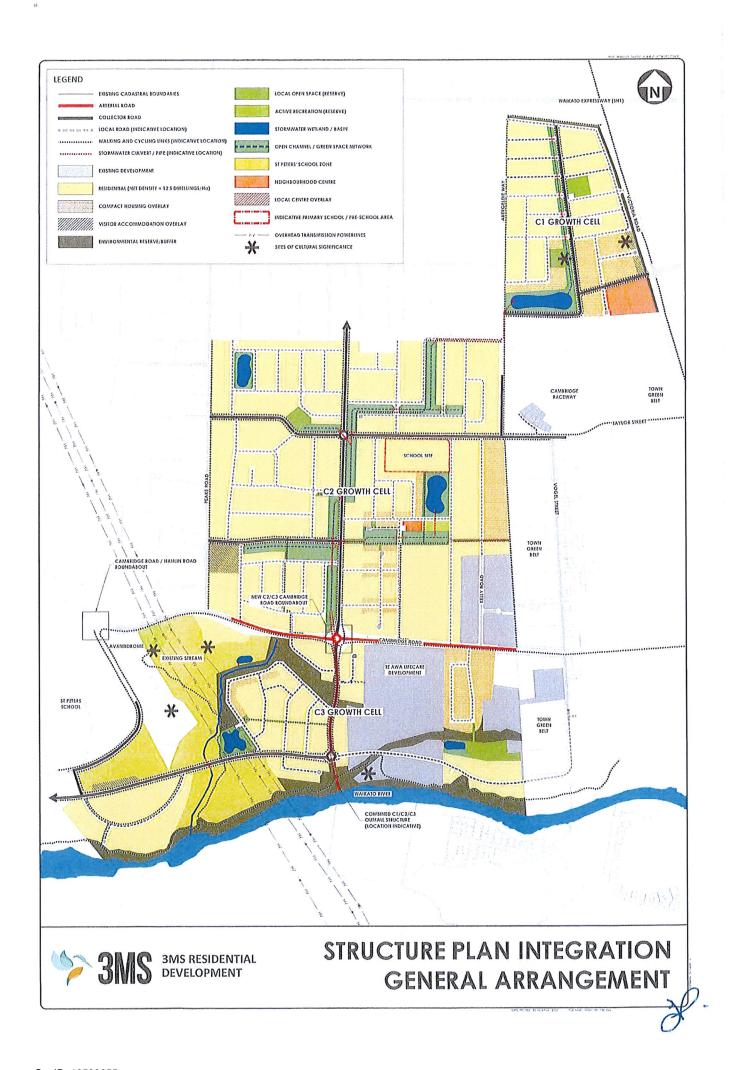




V2 | 20.11.19

| To be completed by affected person: | |
|--|---|
| Owner to Complete | Occupier to Complete |
| I/we are also the occupier(s) | ☐ I/we are also the occupier(s) |
| Full name of all property owners: | Full name of all occupiers: |
| TE AWA CIPE LARGE VILLAGE LTO | |
| Being the owner/s of Street address: | Being the occupiers of Street address: |
| 1866 CAMBRIOGA RESIDO | |
| Legal description: LOT 1-2 DP 468057, AlloTMENT 160 A PARISH OF MA | Legal description: /AUTAPU PUTAPU |
| I/we have authority to sign on behalf of all of the owners of the property. | I/we have authority to sign on behalf of all of the occupiers of the property. |
| I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. |
| I/we have signed and dated each page. | ☐ I/we have signed and dated each page. |
| Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. | Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. |
| I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. | I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. |
| Signed (All owners of authorised persons): | Signed (All occupiers or authorised persons): |
| | |
| Date: 8/3/2/ | Date: |
| Fax/Email: terry practley e practley groups com | Fax/Email: |
| Contact Phone Number: 0274936 934 | Contact Phone Number: |
| Postal Address: Pop Box 907 | Postal Address: |
| Gam BRING | |







Form 8a of the Resource Management Regulations 2003.

Affected persons written approval to an activity that is the subject of a resource consent application.

Note to affected person(s) signing written approval form:

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To be completed by the applicant

To: Name of Council that is the consent authority for this application: Select a Council

Applicant Name

Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

1881, 1871, 1863, 1865 Cambridge Rd, Cambridge

Legal description:

As detailed in WDC consent application Part A - 2.

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

242 Lot Residential Subdivision and Development as shown in attached plans

















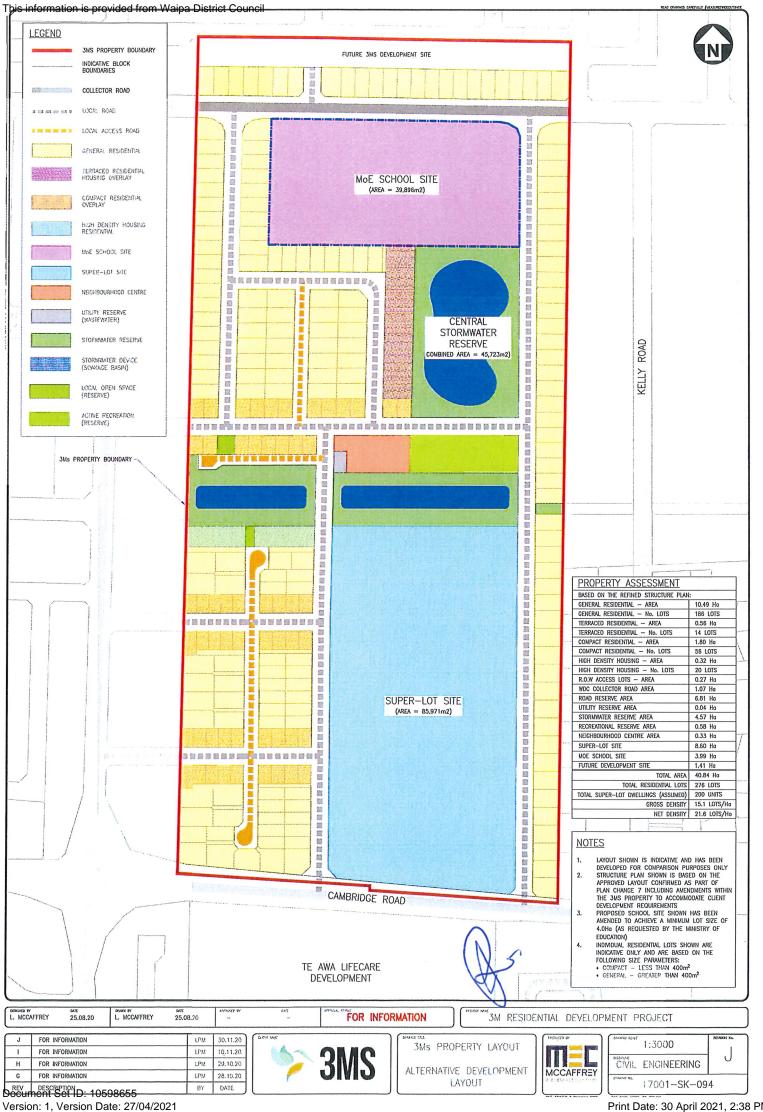




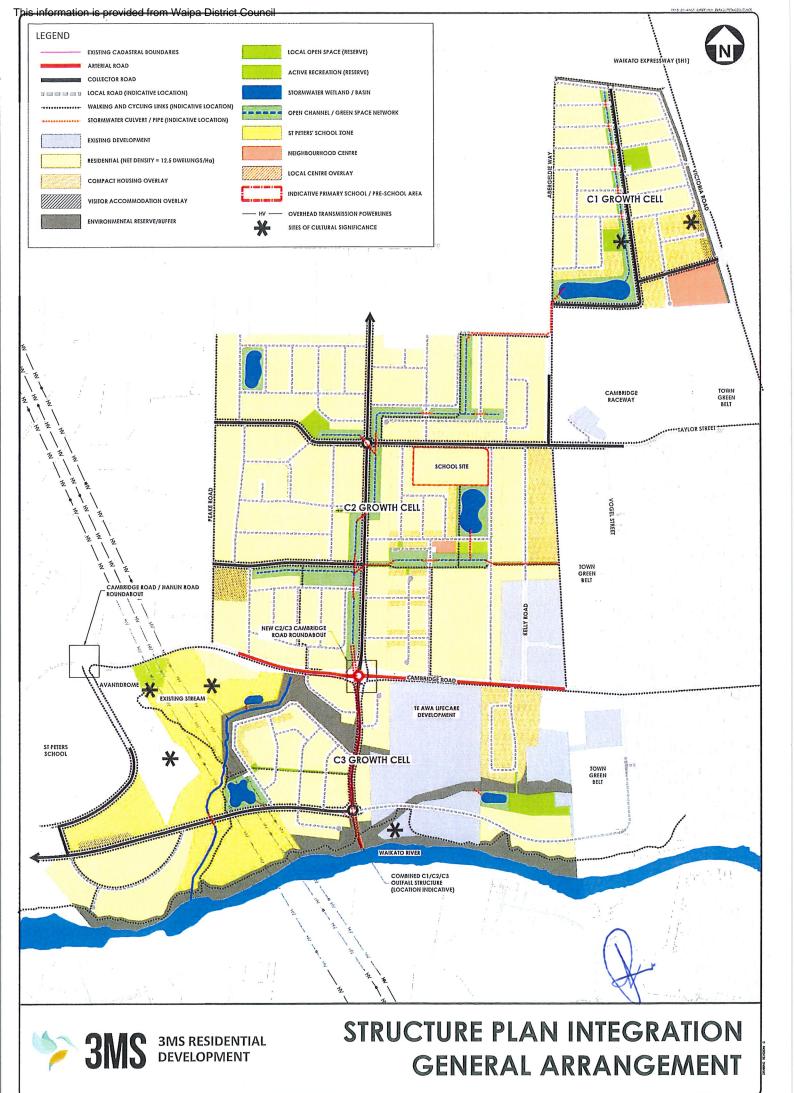
V2 | 20.11.19



| To be o | completed by aff | ected person: | | |
|-------------------------------|--------------------------------------|--|----------|---|
| Owner | to Complete | | Occupio | ier to Complete |
| I/we are also the occupier(s) | | | | I/we are also the occupier(s) |
| Full nar | ne of all property | ownerc | Eull no | ma of all acquisions. |
| an ilai | The of all property | owners, | ruii nar | me of all occupiers: |
| Blo | ackwood | looge Uel - lanial | Marae | |
| Being th | ne owner/s of Stre | eet address: | Being th | the occupiers of Street address: |
| 690 | Grasslan | rols & Drive | | |
| Legal o | description: | | Legal (| description: |
| Ð | I/we have autho owners of the pr | rity to sign on behalf of all of the operty. | | I/we have authority to sign on behalf of all of the occupiers of the property. |
| ₽ | | he full application for resource essment of Environmental Effects ed plans. | | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. |
| 2/ | I/we have signed | d and dated each page. | | I/we have signed and dated each page. |
| | understand that no longer an affe | igning this written approval, I/we Council must decide that I/we are ected person, and Council must not ny adverse effect on me/us. | | Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must no have regard to any adverse effect on me/us. |
| | written approval before the heari | that I/we may withdraw my/our by giving written notice to Council ng, if there is one, or, if there is not, cation is determined. | | I/we understand that I/we may withdraw my/our written approval by giving written notice to Counc before the hearing, if there is one, or, if there is no before the application is determined. |
| Signed (| All owners or auth | norised persons): | Signed (| (All occupiers or authorised persons): |
| | Do | 7. | | |
| Date: | 9 | 4321 | Date: | |
| Fax/Em | nail: | tania. Maree. ross716 | Fax/En | mail: |
| Contac | t Phone Number: | 021908126 | Contac | ct Phone Number: |
| Postal A | Address: | 15 Ryru St Cambridge | Postal . | Address: |
| | | Cambridge | | |



Print Date: 30 April 2021, 2:38 PM



Document Set ID: 10598655 Version: 1, Version Date: 27/04/2021

Print Date: 30 April 2021, 2:38 PM



Form 8a of the Resource Management Regulations 2003.

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To be completed by the applicant

To: Name of Council that is the consent authority for this application: Select a Council

Applicant Name

Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

1881, 1871, 1863, 1865 Cambridge Rd, Cambridge

Legal description:

As detailed in WDC consent application Part A - 2.

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

242 Lot Residential Subdivision and Development as shown in attached plans



















FORM 8a

V2 | 20.11.19

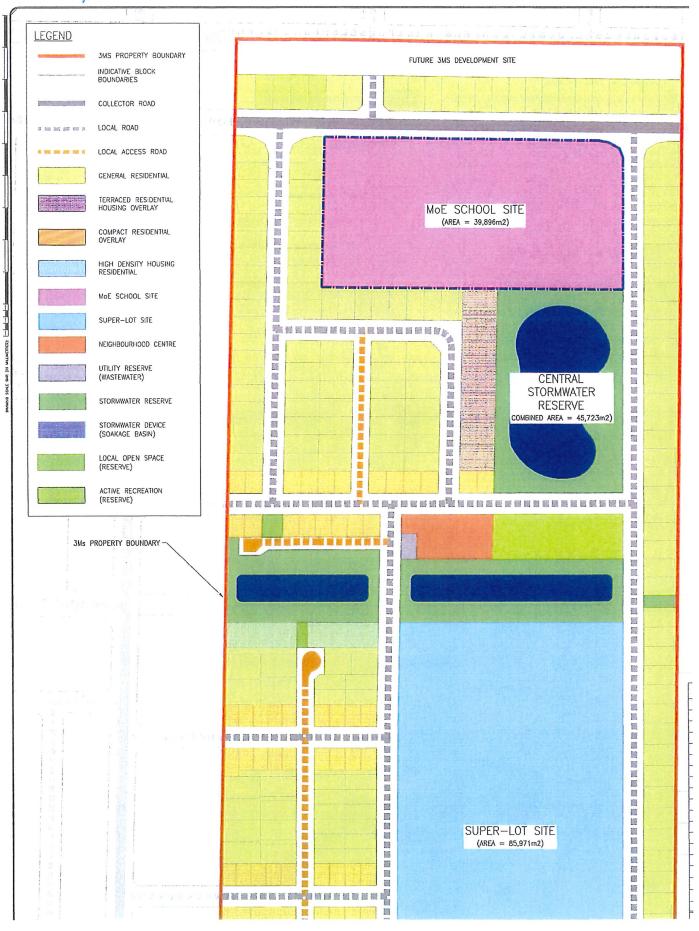
| To be completed by affe | ected person: | | | |
|--------------------------------------|--|-----------------------------|---|---|
| Owner to Complete | | Occupie | er to Complete | |
| I/we are also th | e occupier(s) | II. | I/we are also the | occupier(s) In S. |
| Full name of all property | owners: | Full nar | ne of all occupiers: | |
| Rougen E | Desmond GussieV | 1 | Trea Mor | GORRETE GUSSEY |
| Being the owner/s of Stre | / | | ne occupiers of Stree | , |
| 694 GRASS | lands Drive. | 69 | 4 GRAST | lamp Drive. |
| Legal description: | LOTS P.P. 877 58 | Legal | description: | 6T5 D.P. 37758. |
| I/we have autho owners of the pr | rity to sign on behalf of all of the operty. | | I/we have authorioccupiers of the p | ty to sign on behalf of all of the roperty. |
| | the full application for resource essment of Environmental Effects and plans. | Z | I/we have read the | e full application for resource ssment of Environmental Effects |
| I/we have signed | d and dated each page. | $ \overline{\mathbf{v}} $ | I/we have signed a | and dated each page. |
| understand that no longer an affe | igning this written approval, I/we Council must decide that I/we are ected person, and Council must not ny adverse effect on me/us. | | Declaration: In sign understand that C no longer an affec | ning this written approval, I/we ouncil must decide that I/we are ted person, and Council must not y adverse effect on me/us. |
| written approval before the heari | that I/we may withdraw my/our I by giving written notice to Council ng, if there is one, or, if there is not, cation is determined. | 4 | written approval before the hearing | hat I/we may withdraw my/our ny giving written notice to Council g, if there is one, or, if there is not, tion is determined. |
| Signed (All owners or auth | norised persons): | Signed (| All occupiers or auti | horised persons): |
| KV. g | | M | r Dusse | ry |
| Date: | 2/3/2021. | Date: | | 2-3-2021 |
| Fax/Email: | ron, gossey DEm | Fax/Er | nail: | two oakd ta.co. nz |
| Contact Phone Number: | 10000 | | t Phone Number: | 0275-726-926 |
| Postal Address: | | Postal | Address: | As above. |

S.

RD.G. SmS. 2-3-2021.



Ams-RBG. 2.3-2021.





Form 8a of the Resource Management Regulations 2003.

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Applicant Name

Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

1881, 1871, 1863, 1865 Cambridge Rd, Cambridge

Legal description:

As detailed in WDC consent application Part A - 2.

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

242 Lot Residential Subdivision and Development as shown in attached plans

















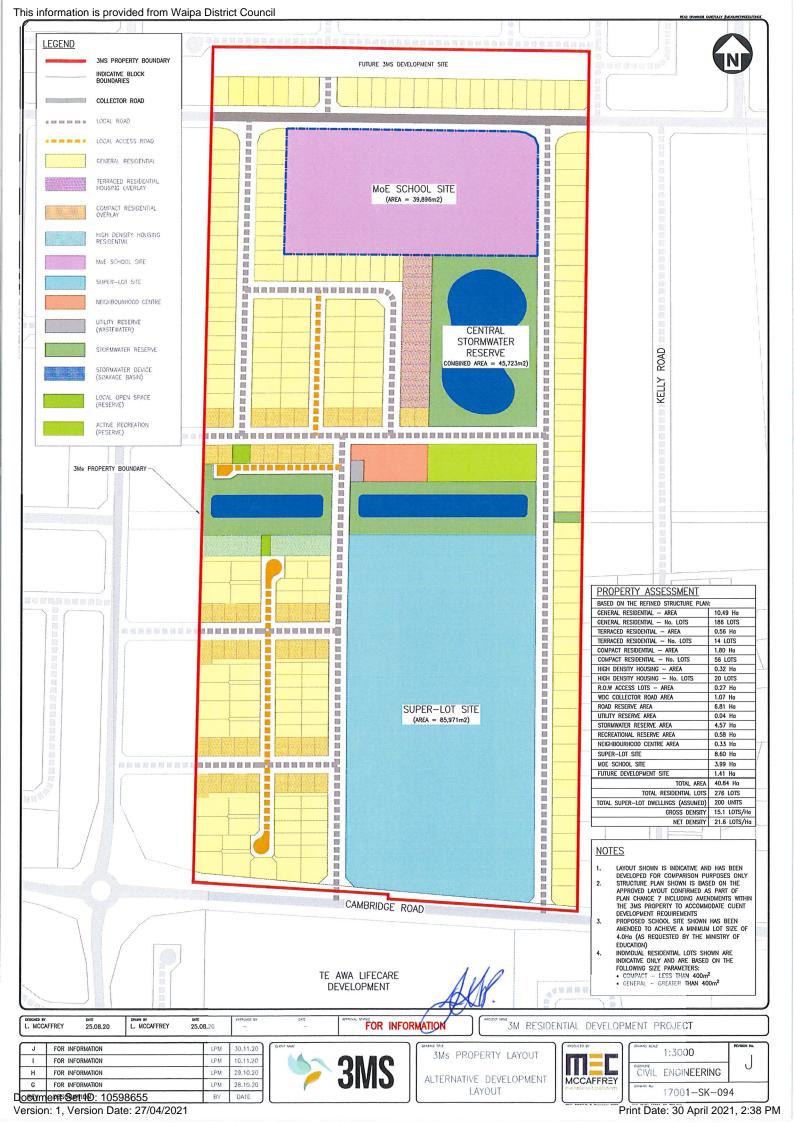


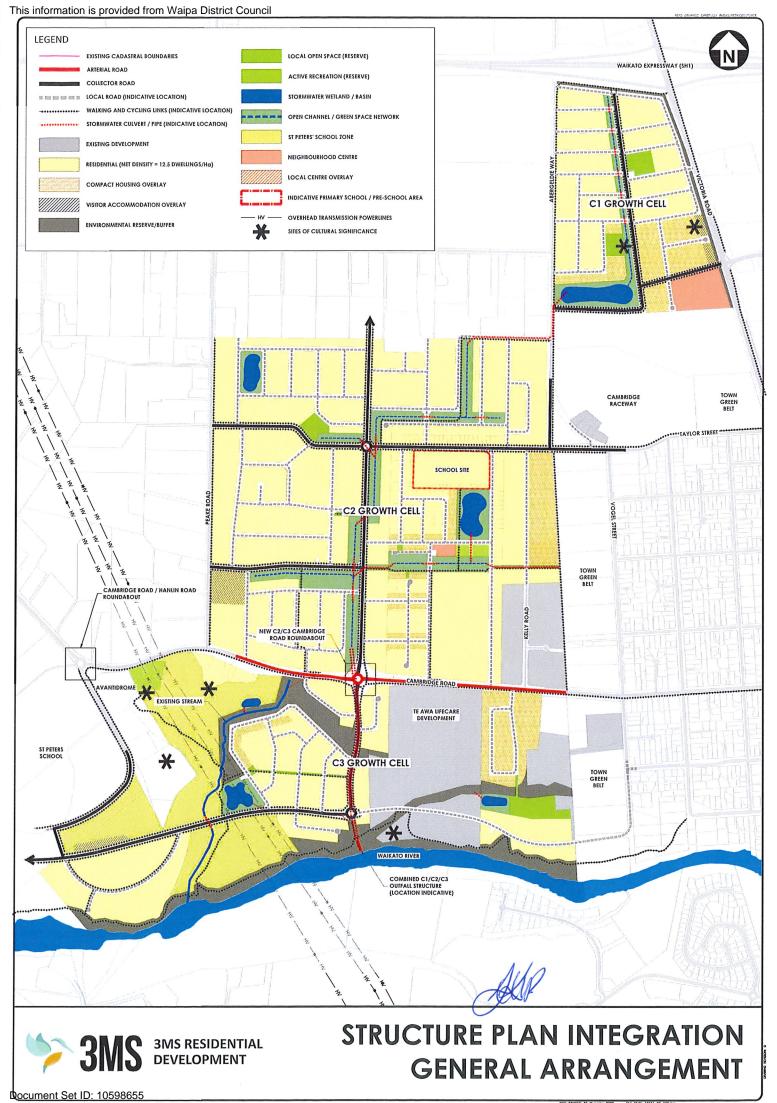


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| | To be c | ompleted by affe | ected person: | | | | |
|--|-----------|--|--|------|------------------------------------|---|--|
| Owner to Complete | | | | | Occupie | er to Complete | |
| | | I/we are also the occupier(s) | | | | I/we are also t | he occupier(s) |
| | | | | | | | |
| | Full nan | ne of all property | owners: | | Full nan | ne of all occupie | 'S: |
| | KA | TE PLAN | V KAY-MARGE PLA | W | FK. | | |
| | Being th | e owner/s of Stre | et address: | | Being th | ne occupiers of St | reet address: |
| | 31 | tunter La | ne, Cambridge | | | | |
| | Legal d | escription: | | | Legal d | description: | |
| |] | I/we have author | rity to sign on behalf of all of the operty. | | | I/we have author | ority to sign on behalf of all of the eproperty. |
| | 1 | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. | | | | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. | |
| | | I/we have signed | and dated each page. | | | I/we have signed and dated each page. | |
| | | Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. | | | | understand that no longer an aff | signing this written approval, I/we t Council must decide that I/we are ected person, and Council must not any adverse effect on me/us. |
| I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. | | | | | written approva before the hear | I that I/we may withdraw my/our I by giving written notice to Council ing, if there is one, or, if there is not, cation is determined. | |
| 5 | Signed (A | All owners or author | orised persons): | | Signed (A | All occupiers or a | uthorised persons): |
| | 1 | Mew | | | | | |
| | Date: | | | | Date: | | |
| | Fax/Em | ail: | Kakplaw 17 Cgmail cor | ١٠٠, | Fax/Em | ail: | |
| | Contact | Phone Number: | 021 622 532. | | Contact | t Phone Number: | |
| | Postal A | ddress: | | | Postal A | Address: | |

AM.





Version: 1, Version Date: 27/04/2021



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To: Name of Council that is the consent authority for this application: Select a Council

Applicant Name

Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

1881, 1871, 1863, 1865 Cambridge Rd, Cambridge

Legal description:

As detailed in WDC consent application Part A - 2.

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

242 Lot Residential Subdivision and Development as shown in attached plans



















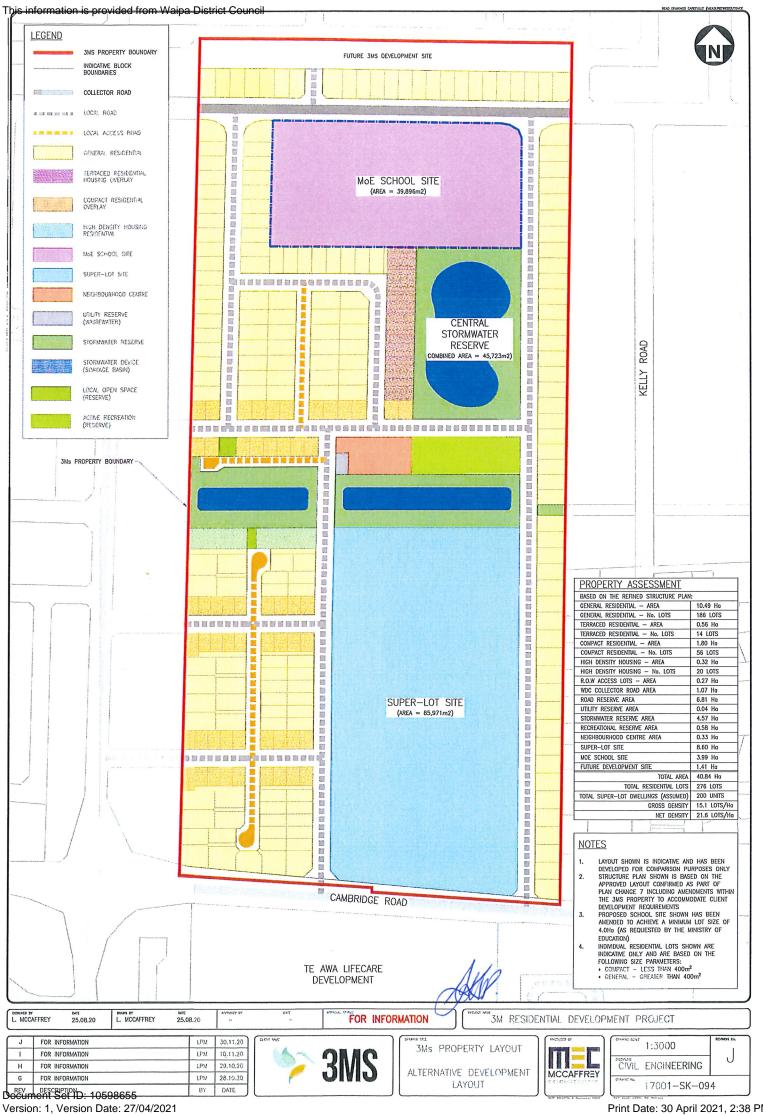




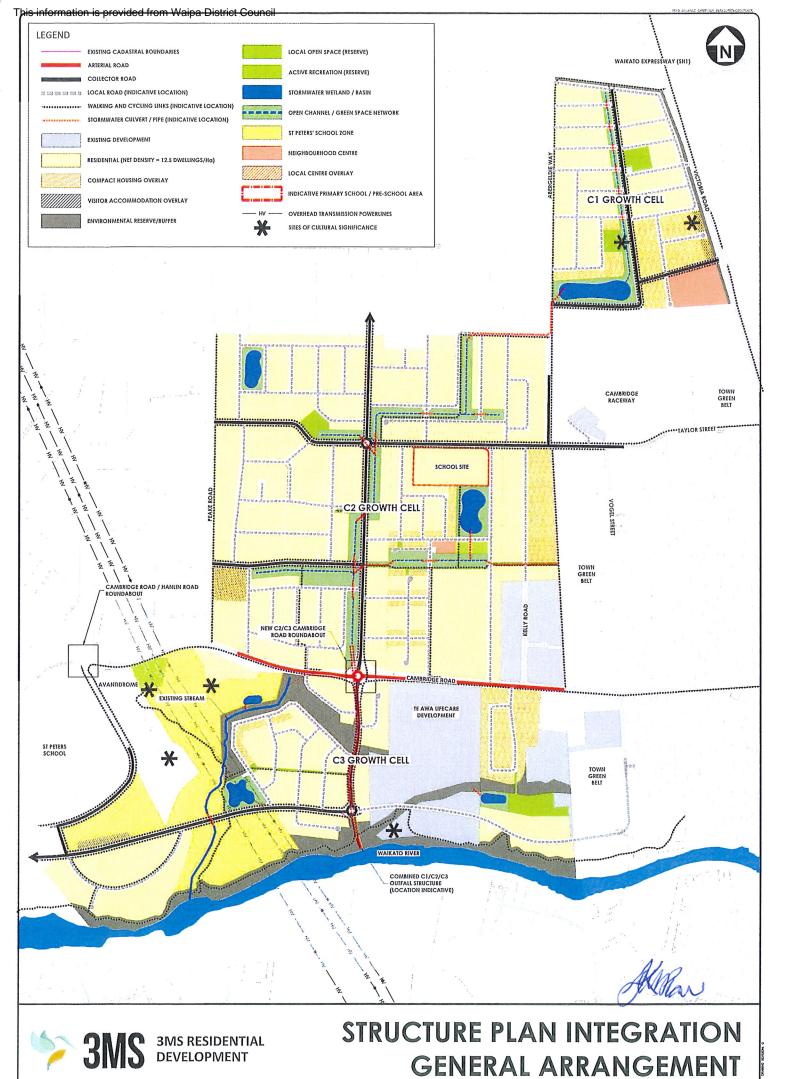


| To b | e completed by affe | ected person: | | | |
|--|---|--|-----------------------------------|--|--|
| Own | ner to Complete | | Occ | upier to Complete | |
| | I/we are also the | e occupier(s) | | I/we are also | the occupier(s) |
| Full | name of all property | owners: | Full | name of all occupie | ers: |
| K | AY_MARIE A | FAMILY RAN FIT. | | | |
| Bein | g the owner/s of Stre | et address: | Beir | ng the occupiers of S | treet address: |
| 5 | Hunter La | ine, Cambridge | | | |
| | g | | | | |
| Leg | gal description: | | Le | gal description: | |
| | I/we have author | rity to sign on behalf of all of the operty. | | I/we have auth occupiers of th | nority to sign on behalf of all of the ne property. |
| | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. | | | | I the full application for resource ssessment of Environmental Effects ated plans. |
| | I/we have signed | and dated each page. | | I/we have sign | ed and dated each page. |
| Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. | | | understand tha no longer an al | signing this written approval, I/we at Council must decide that I/we are ffected person, and Council must not any adverse effect on me/us. | |
| I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. | | | written approv before the hea | nd that I/we may withdraw my/our rall by giving written notice to Council ring, if there is not, lication is determined. | |
| Signe | ed (All owners or auth | orised persons): | Sign | ed (All occupiers or o | authorised persons): |
| | | | | | |
| Date | e: | | Da | te: | |
| Fax | /Email: | Kakplaw 17@ gmail- | em. | «/Email: | |
| Con | tact Phone Number: | C21 622532 | Coi | ntact Phone Numbe | r: |
| Post | tal Address: | | Pos | stal Address: | |

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Print Date: 30 April 2021, 2:38 PM



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Affected persons written approval to an activity that is the subject of a resource consent application.

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Full name:

3MS of Cambridge GP Ltd

Contact daytime phone:

027 777 1889

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Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

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Legal description:

As detailed in WDC consent application Part A - 2.

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Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

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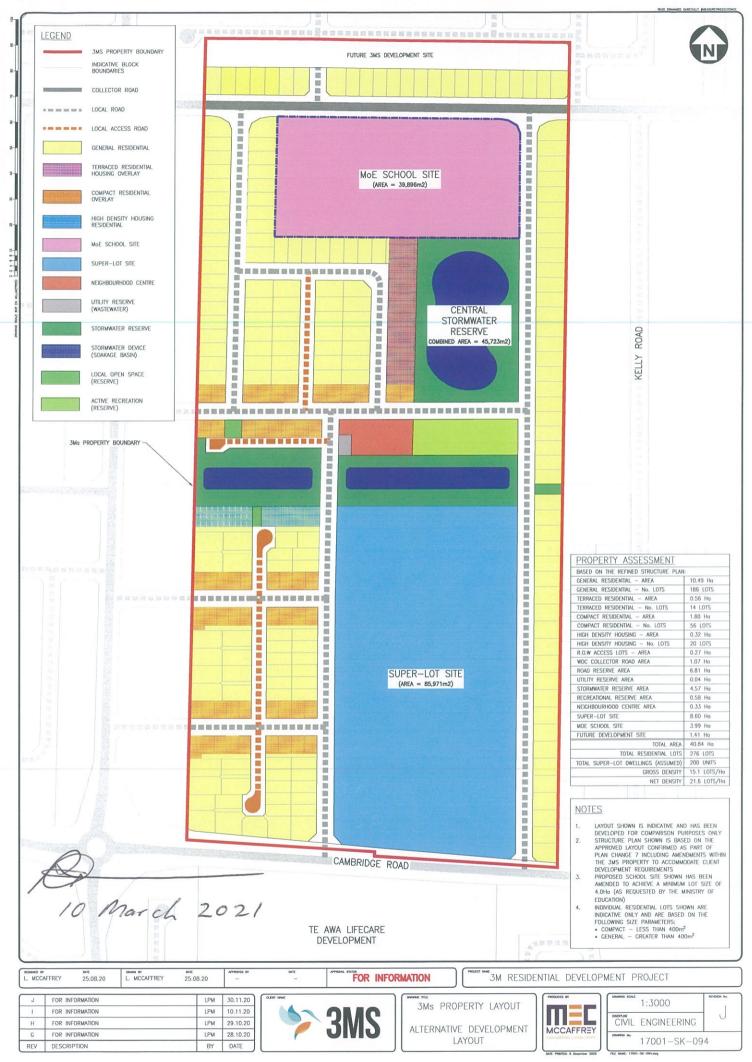


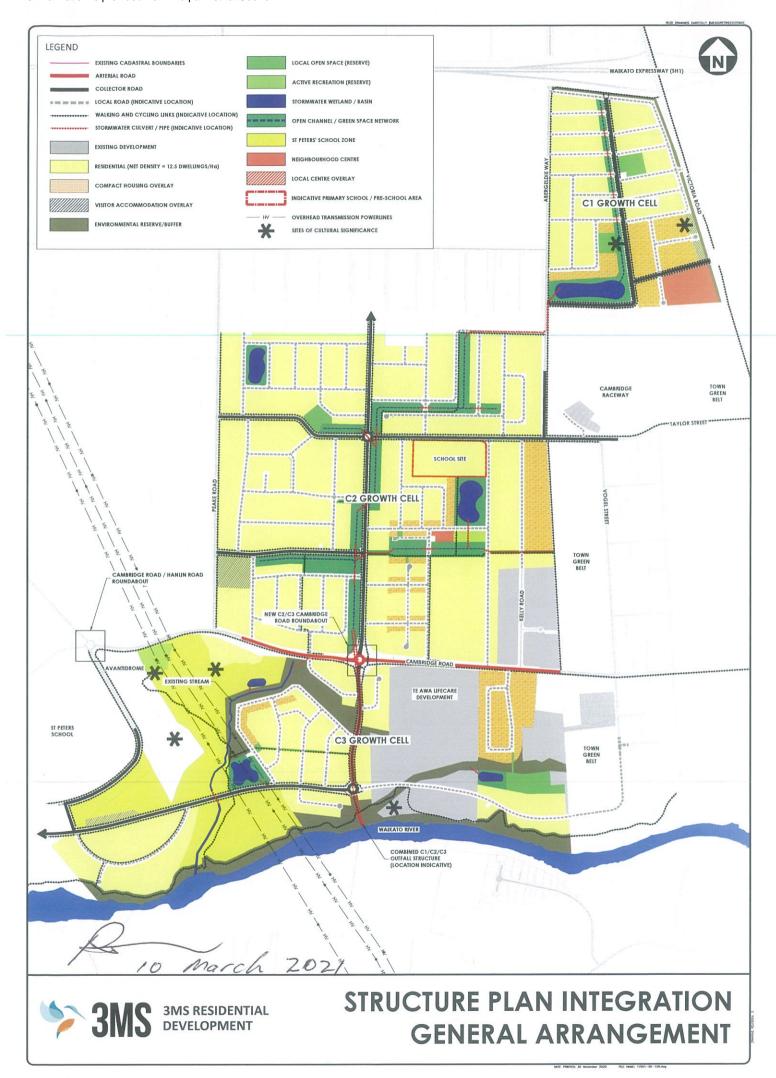




V2 | 20.11.19

| To be completed by affected person: | |
|--|--|
| Owner to Complete | Occupier to Complete |
| A/we are also the occupier(s) | ☐ I/we are also the occupier(s) |
| Full name of all property owners: | Full name of all occupiers: |
| St Peter's School Trust | |
| Being the owner/s of Street address: Board | Being the occupiers of Street address: |
| 1716 Cambridge Rd | |
| Cambridge 3283, NZ. | |
| Legal description: Variety's | Legal description: |
| I/we have authority to sign on behalf of all of the owners of the property. | I/we have authority to sign on behalf of all of the occupiers of the property. |
| I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. | I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans. |
| I/we have signed and dated each page. | ☐ I/we have signed and dated each page. |
| Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. | Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us. |
| If we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. | I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined. |
| Signed (All owners or authorised persons): | Signed (All occupiers or authorised persons): |
| A | |
| Rob Campbell, Chief Operation Date: 10 March 2021 | ng Officer. |
| Date: 10 March 2021 | Date: |
| Fax/Email: rob. comphellostpeters. | School, nz |
| Contact Phone Number: 02/ 646 270 | Contact Phone Number: |
| Postal Address: Private Bag 8 | 84 Postal Address: |
| Postal Address: Private Bag 8 Cambridge 34 | 450 |







Notified Resource Consent Submission Form

Form 13

Section 41D, 95A, 95B, 96, 127(3), 136(4), 137(5)(c) and 234(4) of the Resource Management Act 1991

Send to: Waipā District Council, Private Bag 2402, Te Awamutu 3840

Phone: 0800 924 723 | Fax: 07 872 0033 | Web: www.waipadc.govt.nz | Email: submissions@waipadc.govt.nz

Please attach additional sheets if there is not enough space for your submissions. If you do not wish to use this form, please ensure that the same information required by this form is covered in your submission.

| COUNCIL USE ONLY | | | | | |
|------------------|------------|--|--|--|--|
| Date received | | | | | |
| Document ref: | SP/0179/20 | | | | |

| 1 Submitter details | |
|--|------------------------------|
| Full name of submitter: | CHARTWELL DEVELOPMENTS LP |
| Contact name if different from above: | David John HEALD |
| Contact phone number(s) | 021 22 88 284 |
| Email address: | david.heald@chartwell.org.nz |
| Postal address: (required if no email address is provided) | |

We will serve all formal documents electronically via the email address provided above. Where there is no email address provided the documents will be posted to the above address.

2 This is a submission on an application from (name, address & activity) –

3MS Of Cambridge Limited Partnership, 1865, 1863, 1871 & 1881 Cambridge Road, Cambridge 3434, 3Ms of Cambridge is seeking subdivision consent to subdivide four existing Records of Title into 242 residential lots and to provide sites for a school site, retirement village, community and commercial centre, recreation facilities, recreation reserves and stormwater network. The sites are located in the C2 Structure Plan area, the Deferred Residential zone and Rural zone. The application is a non-complying activity under the Waipa District Plan 2017.

| 3 | Trade | competition | | |
|---------------|-----------|-------------|--|--|
| Select | \otimes | l am | a trade competitor for the purposes of section 2000 of the Descurse Management Act | |
| one | 0 | I am not | a trade competitor for the purposes of section 308B of the Resource Management Act 1991. | |
| Coloct | 0 | l am | directly affected by an effect of the subject matter that – | |
| Select one | \otimes | I am not | (a) adversely affects the environment; and | |
| | | | (b) does not relate to trade competition or the effects of trade competition | |

| 4 | Attend | lance at Council | hearing | | | |
|--|---------|--------------------|-----------------------|---------------------------|-----------------------------|----------------------|
| Select one | ○ ⊗ | I do I do not | | (attend and speak at the | e Council hearing) in suppo | ort of my submission |
| If other | rs make | e a similar submis | ssion, I will conside | r presenting a joint case | with them at the hearing. | Yes No |
| | | | | | | |
| 5 | The sp | pecific parts of | the application t | hat my submission rel | lates to are: | |
| | The fu | ıll application. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6 | My sı | ubmission is eith | er in part or all: | X In support | Opposed | Neutral |
| | | my submission are | | | | |
| | | the Applicatnt's a | | | | |
| | • | •• | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 | I see | k the following | decision from th | ne consent authority: | | |
| (Give precise details, including the parts of the application you wish to have amended and the general nature of | | | | | | |
| any conditions sought Grant a Resource Consent as per the Application | | | | | | |
| , | Grant a | Resource Cons | sent as per the App | lication | | |
| | | | | | | |
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| 8 | Hearin | gs Commissione | rs |
|---------------|--------|---------------------|---|
| | 0 | I request | that you delegate your functions, powers, and duties to hear and decide the |
| Select one | 8 | I do not request | application to one or more hearings commissioners who are not members of the local authority. |

| 9 Signature of submitter please type your name | (note: a signature is not required if you make yobelow) | our submission by electronic means, however |
|---|---|---|
| Signature of submitter: (or person authorised to sign on behalf of submitter) | Mall | Dated 11.03.2021 |

Notes to submitter

The closing date for serving submissions on the consent authority is the 20th working day after the date on which public or limited notification is given. If the application is subject to limited notification, the consent authority may adopt an earlier closing date for submissions once the consent authority receives responses from all affected persons.

If you are a trade competitor, your right to make a submission may be limited by the trade competition provisions in Part 11A of the Resource Management Act 1991.

You must serve a copy of your submission on the applicant as soon as reasonably practicable after you have served your submission on the consent authority.

If you make a request under section 100A of the Resource Management Act 1991, you must do so in writing no later than 5 working days after the close of submissions and you may be liable to meet or contribute to the costs of the hearings commissioner or commissioners. You may not make a request under section 100A of the Resource Management Act 1991 in relation to an application for a coastal permit to carry out an activity that a regional coastal plan describes as a restricted coastal activity.

Please note that your submission (or part of your submission) may be struck out if the consent authority is satisfied that at least one of the following applies to the submission (or part of the submission):

- it is frivolous or vexatious:
- it discloses no reasonable or relevant case:
- it would be an abuse of the hearing process to allow the submission (or the part) to be taken further:
- it contains offensive language:
- it is supported only by material that purports to be independent expert evidence, but has been prepared by a person who is not independent or who does not have sufficient specialised knowledge or skill to give expert advice on the matter.

Personal information

The information requested on this form, including your contact details, is required by the Resource Management Act 1991. The information will be held by the Council, and you may ask to check and correct any personal information that we hold about you. Your submission, including your name and contact details, will be made available to the decision-maker and other parties involved in the application. It may also be made available on the Council's website. If requested, the Council is legally required to make all submissions available to the public (which can include the media), including the name and contact details of the submitter, subject to the provisions of the Local Government Official Information and Meetings Act 1987. If you believe there are compelling reasons why your contact details should be kept confidential please contact the Processing Planner for this application.