

Submission on a Notified Resource Consent Application

Resource Management Act 1991

| OFFICE USE ONLY | |
|-----------------|--|
| File No: | |
| Submission No: | |

| Submitter's Details | | | | | |
|--|------------------------------|------------------|---------------------------------|--|--|
| Full name. | | | | | |
| Full name: | | | | | |
| Address: | | | Postal code: | | |
| Name of agent: (if any) | | | | | |
| Address for service: (if different from above) | | | | | |
| Work Phone: | | Mobile: | | | |
| Home Phone: | | Fax: | | | |
| Email: | | | | | |
| | | | | | |
| Submission Details | | | | | |
| I/we support parts or all of oppose parts or all of in neutral to parts or all of (tick as many as relevant) | | | | | |
| the resource conse | | | | | |
| (tick one) | ent Change or cancellation (| of a condition o | f an existing resource consent | | |
| | | of a condition o | of an existing resource consent | | |
| (tick one) | | of a condition o | of an existing resource consent | | |
| (tick one) | | of a condition o | of an existing resource consent | | |
| (tick one) on the application made by | | of a condition o | of an existing resource consent | | |
| (tick one) on the application made by | | of a condition o | of an existing resource consent | | |
| (tick one) on the application made by to (describe the proposal): | | of a condition o | of an existing resource consent | | |

| 1. The particular parts of the application I support/oppose/in neutral to (delete as r | many a | s relevant) a | are: |
|--|---------|----------------------|--------------|
| | | | |
| 2. The reasons for my submission are: | | | |
| | | | |
| 3. The decision I wish the Council to make is (include any conditions of a general na | ture): | | |
| | | | |
| I wish to be heard in support of my submission: (If not ticked, Council will assume 'N | IO') | O Yes | O No |
| If others make a similar submission I/we will consider presenting a joint case with them at a hearing: | | Yes | O No |
| I have attached additional information in support of my submission: | | Yes | O No |
| | _ | | |
| Signature of submitter: | Date: | | |
| Signature is not required if you are making a submission by email | | | |
| The closing date for serving a submission on Hamilton City Council is the 20th will day after notification date. A copy of your submission must be served by you (the submitter) to the application as soon as reasonably practicable after serving your submission to Hamilton City For more information on making a submission please refer to the website: www. | nt at t | heir addres ncil. | s of service |

Send

Email this form and supporting documents to planning.guidance@hcc.govt.nz, or drop into the duty planner at the ground floor at Municipal Building, Garden Place between 8am-4.45pm Monday to Friday.

or post to:

Planning Guidance Manager

Planning Guidance Unit Hamilton City Council Private Bag 3010 Hamilton 3240

Remember to:

| Attach all supporting docume | nts |
|------------------------------|-----|
|------------------------------|-----|

Serve a copy of your submission to the applicant at their address of service