

Extension of Resource Consent Time Limit Application

Resource Management Act 1991

(Includes Existing Use Rights, Resource Consent, and Designation Extensions)

I

(Please state full name of applicant)

seek consent to extend the time limit of:

(File Number and Description of Activity)

The extension sought is:

Street Address:

Area of Site:

Legal Description:

Please state names and addresses of all owners and occupiers of the subject site of this proposal.

Owner:

Address:

Occupier:

Address:

Progress towards giving effect to the consent

Section 125(1A)(b)(i) requires that substantial progress or effort has been made, and continues to be made, towards giving effects to the consent.

Please provide a timeline showing the progress or effort that has been made, and is continuing to be made, and attach supporting evidence. This can include work such as marketing, arranging finance, commissioning construction plans, obtaining building consent, arranging builders, tender documents, site investigations, and construction. Any impediments to progress should also be noted. *(use additional pages if necessary)*

Deposit

The required deposit must be paid before any processing of the application will start.

The following application deposit fee for the processing of this application is enclosed or has been paid.

Note: Engineering fees and Environment Health fees applicable to this application will be invoiced separately on time basis.

Please indicate payment method:

- Direct Credit Cash, Credit card or EFTPOS via Municipal Building Cheque
- I/we understand that Council may invoice me for the actual and reasonable costs incurred in the processing of this application.
- Application Deposit Fee: \$ _____

For a list of fees and charges visit www.hamilton.govt.nz. Payment can be made by cash, EFTPOS or credit card at the Municipal Building, Garden Place or by direct credit 02-0316-0030142-006. If paying by direct credit, please quote **Particulars:** Planning, **Code:** Name of Applicant, **Reference:** Address of Application.

| | | | |
|-----------------------------|----------------------|------------|----------------------|
| Applicant/Agent Name: | <input type="text"/> | | |
| Postal Address for Service: | <input type="text"/> | Post Code: | <input type="text"/> |
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Work Phone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Home Phone: | <input type="text"/> | Fax: | <input type="text"/> |
| Email: | <input type="text"/> | | |

IMPORTANT!

Has the prescribed procedure of pre-design, pre-application and lodgement meetings been followed?
If not, the application is likely to be returned.

Send

Email this form and supporting documents to planning.guidance@hcc.govt.nz, drop into the duty planner at the ground floor of Municipal Building, Garden Place between 8am and 4.45pm Monday to Friday or Post to Planning Guidance, Hamilton City Council, Private Bag 3010, Hamilton 3240