



WAIMAKARIRI DISTRICT COUNCIL

AFFECTED PERSONS CONSENT FORM

RESOURCE MANAGEMENT ACT 1991

To: Waimakariri District Council
Private Bag 1005
RANGIORA

Phone: (03) 313 6136
Fax: (03) 313 4432

PART A	TO BE COMPLETED BY THE APPLICANT
Applicant:	<input type="text"/>
Location of Proposed Activity:	<input type="text"/> <i>(Street Address and Legal Description)</i>
Description of Proposed Activity:	<input type="text"/>

PART B	TO BE COMPLETED BY PERSON(S) GIVING CONSENT AS AN AFFECTED PERSON(S). NOTE IF PROPERTY IS JOINTLY OWNED OR LEASED <u>ALL</u> PARTIES MUST SIGN.	
By signing this form I/we record and acknowledge that I/we have been shown a copy of the resource consent application, any supporting information and plan(s) of the activity described above.		
I/we hereby record that I/we do not have any opposition to this proposed activity and hereby give my/our unconditional written approval to the granting of a resource consent for this activity.		
I/we have signed this form below and a copy of the application plan(s). In doing so I/we understand that the Council cannot take into account any actual or potential effects(s) that this activity may have on me/us.		
Full Name of Affected Person (1) (Please print):	<input type="text"/>	
Full Name of Affected Person (2) (Please print):	<input type="text"/>	
Full Street Address of Affected Property (Please print):	<input type="text"/>	
Contact Phone No:	Home: <input type="text"/>	Work: <input type="text"/>
Signed: Affected Person (1)	<input type="text"/>	Date: <input type="text"/>
Affected Person (2)	<input type="text"/>	Date: <input type="text"/>