



WAIMAKARIRI DISTRICT COUNCIL

APPLICATION FOR VARIATION OF CONDITIONS TO RESOURCE CONSENT / TIME EXTENSION

RESOURCE MANAGEMENT ACT 1991

To: Waimakariri District Council
Private Bag 1005
RANGIORA

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

I/We

[Empty text box for full name]

(Full name)

of

[Empty text box for postal address]

(Postal address of applicant)

- apply for a: [checkbox] variation of conditions to resource consent
[checkbox] extension of time

1. Names and address of the owner and occupier of the land to which the application relates other than the applicant are:

[Empty text box for owner and occupier details]

2. This application relates to the property at:

Table with 2 columns and 4 rows: STREET ADDRESS, LEGAL DESCRIPTION, CERTIFICATE OF TITLE REFERENCE, VALUATION ROLL NUMBER.

3. Please detail conditions where a variation is sought and set out the change in circumstances giving rise to the variation request (applies to variation of conditions only) (attach further pages if necessary):

[Large dotted text area for detailing conditions and circumstances]

4. If the variation sought refers to the repositioning of structures, eg septic tank, dwelling etc, then please attach a scaled site plan showing the new location.

5. Please describe what substantial progress or effort has been made towards giving effect to the consent and is continuing to be made (***applies to time extension only***) (*attach further pages if necessary*):

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6. I/We attach an assessment of any effects the proposed activity may have on the environment.

7. I/We attach other information (if any) required to be included in the application by the District Plan or regulations.

I/We enclose the required processing fee of :
(see Waimakariri District Council fees and charges schedule)

\$

I/We understand that as the applicant I am/we are responsible for payment. The payment terms for fixed fees are with lodgement of the application and those relating to disbursements, hearings and additional charges are payment by the 20th of the month following the month in which the invoice is issued.

I/We agree to pay according to those terms for any goods or services you supply to us. Should failure to meet the terms of trade result in debt recovery and/or legal proceedings, any costs incurred in the collection of the debt will be payable by me/us.

(Signature of applicant or person authorised to sign on behalf of applicant.)

(Date)

NAME AND ADDRESS FOR SERVICE OF APPLICANT:

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TELEPHONE NO:	
FAX NO:	
E-MAIL:	

APPLICANT CHECKLIST: *(Please complete)*

- Signed and completed application form
- Full description of the activity proposed
- Assessment of effects on the environment
- Scaled site plan (where applicable)
- Recent copy of certificate of title
- Processing fee
- Affected persons consent form (where applicable)