



WAIMAKARIRI DISTRICT COUNCIL

APPLICATION FOR LAND USE CONSENT

RESOURCE MANAGEMENT ACT 1991

To: Waimakariri District Council
Private Bag 1005
RANGIORA

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

I/We []
(Full name)

of []
(Postal address of applicant)

apply for the resource consent described below.

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

[]

- 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. Description of proposed activity:

[]

- 4. Additional resource consents required in relation to this application:

Table with 5 columns: Resource Consent Type, Granted, Applied for, Not applied for, N/A. Rows include WATER PERMIT, DISCHARGE PERMIT, SUBDIVISION CONSENT, OTHERS.

5. I/We attach an assessment of any effects the proposed activity may have on the environment.
6. I/We attach other information (if any) required to be included in the application by the District Plan or regulations.
7. I/We attach a scaled site plan showing:
 - (i) Location of all existing and proposed buildings and distances to boundaries (indicate those to which the application relates);
 - (ii) Location of trees, streams, drains and other internal roading;
 - (iii) Existing and proposed access points and internal roading;
 - (iv) Existing and proposed car parking areas;
 - (v) Location of existing septic tanks and effluent drainage lines;
 - (vi) Details of proposed landscaping;
 - (vii) Location of existing and proposed signs;
 - (viii) Areas and dimensions of property;
 - (ix) Roads on to which the property has frontage;
 - (x) Elevations of all new buildings to show external appearance;
 - (xi) For advertising signs show dimensions, shape, wording, colour and details of mounting or support structures.

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.

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

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(Date)

NAME AND ADDRESS FOR SERVICE OF APPLICANT:

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

TELEPHONE NO:

FAX NO:

E-MAIL:

APPLICANT CHECKLIST: *(Please complete)*

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