215 High Street Private Bag 1005 Rangiora 7440, New Zealand

Phone 0800 965 468

PLAN IMPLEMENTATION

Application for Deemed Permitted Boundary Activity

Resource Management Act 1991, Form 9A

About this form

This form is to be used for an application eligible under Section 87BA of the Resource Management Act 1991.

NOTE: The applicant is responsible for all fees and costs associated with this application, unless specified otherwise in the

Applicant details

"Invoicing details" section.

The applicant is the:

Full name:

Company/trust/organisation name:

Contact person/trustee names:

Postal address:

Email address:

Mobile:

Trustee(s) Other (please specify below) of the site.

Occupier(s)

Owner(s)

Full Name

If the applicant is not the only owner and occupier of the site, please provide the full name and address of each owner or occupier (other than the applicant) of the site to which the application relates:

Prospective purchaser

Address

Director(s)

Agent/consultant		
Name of agent:		
Company (if applicable):		
Postal address:		
Email address:		
Mobile:		



Invoicing details All consent-related invoices to be made out to: Applicant Agent Other (specify below) Name(s): Company (if applicable): Postal address: Email address: Mobile: NOTE: Any refund will only be paid to the receipted name on the invoice. The location/site This application relates to the property located at the below location(s): Street address: Legal description:

I have provided a Record of Title (Computer Register) less than 3 months old, **including** a copy of any consent notice, covenant or other encumbrance to which the Council is a party.

I request that the Council obtain a copy of the Record of Title (Computer Register) and any relevant encumbrances from Land Information New Zealand and on-charge the cost to me.

Proposal

General description:

Description of deemed permitted boundary activity:

Fees and charges

I/We understand that as the applicant I am/we are responsible for payment of all fees associated with this application.

I/We understand that the processing fee must be paid before processing of the application will start.

I/We understand that the fees paid on lodgement are a fixed fee (where indicated) and that the Council is able to charge additional fees to recover actual and reasonable costs.

I/We agree to pay according to those terms for any goods or services Waimakariri District Council supplies for processing this application and 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.

Privacy information

All the information on this form is required to be provided under the Resource Management Act 1991 for Waimakariri District Council to process your application.

Under this Act this information has to be made available to members of the public, including business organisations and the media. The information contained in this application may also be made available to other departments of the Council. If there is commercially sensitive information in the proposal, please let us know.

You have the right to access the personal information held about you by the Council which can be readily retrieved and you can request that the Council correct any personal information it holds about you.

Declaration

I/We have completed all relevant sections of this form and understand that my/our application may be returned as incomplete if it does not include all the relevant information.

All of the information provided with this application is, to the best of my/our knowledge, true and correct. I/We understand that all information submitted as part of an application is required to be kept for public record, therefore the public (including business organisations and other areas of the Council) may view this application, once submitted. It may also be made available to the public on the Council's website.

Signature of applicant:	
(or person authorised to sign on behalf of applicant)	
Print name:	Date:
PLEASE NOTE - A signature is not required if you submit this form electronically. are giving your authority for this application to proceed.	By entering your name in the box above you
Applicant checklist (please complete)	
Signed and completed application form	
Full description of the activity proposed	
Scaled application plans	
Current copy of Record of Title (no older than three months)	
Processing fee	
Signed affected persons consent form and signed plans	

NOTE: You must include all information required by this form. If all information is not included, the consent authority will return this to you and the correct information must be supplied before a written notice permitting your activity can be provided.

Lodgement

Lodgement of your application to either:

Waimakariri District Council Private Bag 1005 Rangiora 7440

Electronic applications (up to 22MB) may be lodged via email to: RCapplications@wmk.govt.nz

For planning enquiries please phone or email:

Phone: 0800 965 468

Email: duty.planner@wmk.govt.nz