

APPLICATION FOR DEEMED PERMITTED **BOUNDARY ACTIVITY**

RESOURCE MANAGEMENT ACT 1991

FORM 9A

To: W	aimakariri District Council	Phone: 0800 965 468			
l/We					
	(Full name)				
of					
	(Postal address of applicant)				
apply	for the resource consent described belo	ow.			
1.	Names and address of the owner and than the applicant are:	d occupier of the land to which the application relates other			
2.	This application relates to the property at:				
	STREET ADDRESS:				
	LEGAL DESCRIPTION:				
3.	Description of deemed permitted bou	ndary activity:			

- I/We attach an assessment of any effects the proposed activity may have on the environment.
- 5. I/We attach a plan (drawn to scale) of the site at which the activity is to occur, showing the height, shape and location on the site of the proposed activity.
- I/We attach written approval and a signed plan from each owner of an allotment with an 6. infringed boundary.
- 7. I/We attach a scaled site plan showing:
 - Location of all existing and proposed buildings and distances to boundaries (indicate (i) those to which the application relates);
 - Location of trees, streams, drains and other internal roading;
 - (iii) Existing and proposed access points and internal roading;

(iv) (v) (vi) (vii) (viii) (ix) (x) (xi)	Location of ex Details of prop Location of ex Areas and din Roads on to v Elevations of	posed landscap disting and propenensions of propensions of propensions of propensions all new building gisigns show distances.	nks and effluent drainag ping; osed signs;	earance;		mounting
I/We enclose the required processing fee of : (see Waimakariri District Council fees and charges schedule)					\$	
fixed fees ar	e with lodgemer	it of the application	we are responsible for ation and those relatin of the month following	g to disl	bursements, hea	rings and
to meet the t		sult in debt rec	for any goods or service overy and/or legal prod			
			(Signature of applicant or pe		orised to sign on beha lication is being made	
NAME & ELECT	TRONIC ADDRESS I	FOR SERVICE OF	(Date) APPLICANT:			
EMAIL:						
POSTAL AD						
TELEPHONE NO	J:					
APPLICANT CH	IECKLIST: (Please	complete)				
FASCP	rocessing fee	the activity propects on the envi plans rtificate of title (oosed	;)		

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.