



Private Bag 704
Hokitika 7842
New Zealand

Freephone: 0800 474 834
Phone: 03 756 9010
Email: council@westlanddc.govt.nz
Website: www.westlanddc.govt.nz

FORM 8A – AFFECTED PERSONS WRITTEN APPROVAL TO AN ACTIVITY THAT IS THE SUBJECT OF A RESOURCE CONSENT APPLICATION

Form 8A Resource Management Regulations 2003.

Before asking for your written approval the applicant should fully explain the proposal to you. You should look at the application containing a description of the activity and the accompanying plans.

If you decide to give written approval to this application, you must complete the form and sign the applicant's plans. You should only sign this form if you fully understand the proposal. You should seek expert or legal advice if you need the proposal or resource consent process explained to you. You may also contact Council for assistance.

Conditional written approval **cannot** be accepted. There is no obligation to sign this form, and no reasons need to be given. If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

Privacy Information:

Once this application is lodged with the Council it becomes public information. Please advise Council if there is sensitive information in the proposal. The information you have provided on this form is required so that your application consent pursuant to the Resource Management Act 1991 can be processed under that Act. The information will be stored on a public register and held by the Westland District Council. The details of your application may also be made available to the public on the Council's website, www.westlanddc.govt.nz. These details are collected to inform the general public and community groups about all consents which have been issued through the Council.

Section to be completed by the consent applicant.

1. Applicant Details:

Name/s:

Contact Person:
(name and designation)

Contact Number: Email:

2. Location of Proposed Activity:

Resource Consent Number:

Property Address:

Legal Description:

Brief description of Proposed Activity:

Section to be completed by the affected party.

3. Affected Party Details:

I am /We are the Owner/s Occupier/s Owner/s and Occupier/s Director/s Trustee/s

Name/s of all parties:

Street Address:

Legal Description:

Postal Address:

(or alternative method of service under section 352 of the Act)

Post Code:

Declaration

In signing this written approval:

- I/we have authority to sign on behalf of all owners of the property.
- I/we have read the full application for resource consent, the Assessment of Environmental Effects and other plans as follows (please note any documents sighted below, including the relevant document name and date).

- I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us.
- I/we understand that I/we may withdraw my/our written approval by giving written notice to the consent authority before the hearing if there is one, or, if there is not, before the application is determined.
- I/we have signed and dated each page of the site plans and elevations attached to the application.**

Contact Number:

Email:

Signature:

Date:

(signature is mandatory for all occupiers or authorised persons - please print and sign, or sign digitally)