### For activities that would otherwise be a permitted activity, except for a marginal or temporary non-compliance with a rule in the District Plan, there is the potential for Council to consider these activities are permitted activities.

The information required from you on the following application form is an opportunity for you to provide as much detail as you can to assist the Council with their decision making on your activity.

# Applicant Details

|  |  |
| --- | --- |
| **Full Name of Applicant/s** |  |
| **Applicants’ Postal Address** |  |
| **Daytime contact number** |  |
| **After hours contact number** |  |
| **Email address** |  |

# Owner Details

|  |  |
| --- | --- |
| ***If different from the applicant***  **Property Owner’s Name** |  |
| **Property Owner’s address** |  |
| **Any separate occupiers (name and address)** |  |

# Site Details

|  |  |
| --- | --- |
| **Property address and/or location of the activity** |  |
| **Legal Description of Site**  [from rates notice, valuation notice or Certificate of Title] |  |
| **What zone is the site?**  (select one)  [If unsure of zoning, then check with Council staff or the Westland District Plan] | **Rural 🞏 Residential 🞏 Small Settlement 🞏**  **Tourist 🞏 Coastal Settlement 🞏 Residential Mixed 🞏**  **Commercial Core 🞏 Industrial/Commercial 🞏**  **Coastal Erosion 🞏 Waiho River Flood Hazard Area 🞏** |

# Activity Details

|  |  |
| --- | --- |
| Description of the proposed activity  Include as much detail as you can and a plan (to scale) if this helps you to illustrate the activity. |  |
| **Details of any adverse environmental effects of the activity**  Include as much detail as you can including the character, intensity and scale of the effects you identify. |  |
| **Detail whether you consider that the adverse environmental effects identified above are different in character, intensity and scale than they would be in the absence of the marginal or temporary non-compliance.** |  |
| **For each of the adverse effects identified, consider if these effects on any person are less than minor, minor or more than minor.**  [Ensure you provide your reasoning for each opinion] |  |

## SUPPORTING INFORMATION CHECKLIST

You need to supply the following information to support your application (tick relevant boxes):



⬜ Completed application form (this form)

⬜ Site Plan to assist with understanding of the proposed activity

**OFFICE USE ONLY**

File reference number:       Date admin completed:

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