To: The Resource Consent Administration Officer

Tasman District Council Private Bag 4 Richmond 7050

Email: resourceconsentadmin@tasman.govt.nz



Submission on Resource Consent Application

PLEASE ENSURE THAT ALL SECTIONS OF THIS FORM, ON BOTH SIDES, ARE COMPLETED.

Please note: all submissions become public documents. If the application requires a hearing, your submission may be published on the council's hearings page, including your name and contact details.

Personal information will also be used for administration purposes, including notifying submitters of hearings and decisions. All information will be held by the Tasman District Council with submitters having the right to access and correct personal information.

Submitter Details

Full Name:

Contact Person (*if different*):

Address for Service:

Postcode:

Phone:

E-mail:

Submission Details

This is a submission on the following application for resource consent lodged with the Council:

This is a submission on an application from: (Name of Applicant):

For a resource consent to: (details can be found on the notice in the letter from Council, newspaper, website or on-site)

Tasman District Council Application Number (if known): RM

1) The specific part(s) of the application that my submission relates to is/are (Give details*):

2) The reasons for my submission are (Give details*):

*Note: Any additional information should be submitted on a separate sheet(s).

3) The nature of my submission is that: (*Tick one of the following three boxes*): I support the application I oppose the application

I am neutral regarding the application

4) The decision I would like the Council to make is (Tick one of the following two boxes):

To grant consent To refuse/decline consent

If consent is granted, I wish the council to impose the following conditions (Note: you do not have to suggest conditions, particularly if you want the council to refuse consent):

*Note: Any additional information should be submitted on a separate sheet(s).

5) Attendance at any Council Hearing (You must tick one of the following two boxes):

I wish to be heard in support of my submission

I do not wish to be heard in support of my submission

Note: If you indicate that you do not wish to be heard, you will still receive a copy of the Council's decision but you will not receive a copy of the hearing report if a hearing is held.

Print Full Name:

Signature*:

Date:

(Person making submission or authorised agent)

*Note: A signature is not required if you make your submissions by electronic means.

A copy of this submission MUST also be sent to the applicant as soon as reasonably practicable after serving a copy on the Council.