

Address all correspondence to:

Chief Executive, Whakatāne District Council, Private Bag 1002, Whakatane 3158 | Phone 07 306 0500
| Email planning@whakatane.govt.nz | Fax 07 307 0718

Location of proposed activity/project

RC reference no

Property Address

Owned by

Legal Description

Lot:

DPS:

Cross Lease/Unit title

Flat/Unit:

DPS:

Legal Area

Certification/preparation of documents being applied for

- | | | | | | |
|---|-------------------------------|-------------------------------|---|---|--|
| <input type="checkbox"/> s223 | <input type="checkbox"/> s224 | <input type="checkbox"/> s348 | <input type="checkbox"/> s243(e) | <input type="checkbox"/> Consent Notice | <input type="checkbox"/> Easement in Gross |
| <input type="checkbox"/> Esplanade Strip Instrument | | <input type="checkbox"/> Bond | <input type="checkbox"/> Other (please specify) | | |

Other relevant information or further comments:

Information provided with this application (tick as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> LT Plan (s223 plan) | <input type="checkbox"/> Copy of LT Plan has been lodged online |
| <input type="checkbox"/> Asbuilt Plan | <input type="checkbox"/> Schedule of Quantities |
| <input type="checkbox"/> Landscape Plan | <input type="checkbox"/> Easement documents for joint water supply |
| <input type="checkbox"/> Potable water test results | |
| <input type="checkbox"/> Geotechnical completion report | |
| <input type="checkbox"/> Development Contribution payment receipt no. | |
| <input type="checkbox"/> Additional fees and charges payment receipt no. | |
| <input type="checkbox"/> Authority from NZHPT | |
| <input type="checkbox"/> Cover letter explaining how each of the conditions of consent have been complied with | |
| <input type="checkbox"/> Quotes for preparation of Bond | |
| <input type="checkbox"/> Other | |

Applicant details

Applicant name:

Electronic address for service:

Phone number:

Include area code

Mobile number:

Postal address:

Agent or nominated contact if different from applicant

Agent or nominated contact name(s):

Electronic address for service:

Phone number:

Include area code

Mobile number:

Postal address:

Applicant's solicitor's details

Name:

Company:

Electronic address for service:

Phone number:

Include area code

Mobile number:

Postal address:

I enclose the applicable fee/deposit of \$

Note: The initial lodgement deposit paid on application may not cover the total cost of processing this application. The Council charges for receiving, processing and granting of consents on an actual costs basis. You may receive a refund or an account for additional costs.

I/We understand that Council may invoice me for the actual and reasonable costs incurred in the processing of this application. Subject to my/our rights under Sections 357B and 358 of the RMA to object to any costs, I/we undertake to pay all and future processing costs incurred by the Council.

Without limiting the Council's legal rights, if any steps, including the use of debt collectors, are necessary to recover unpaid processing costs, I/we agree to pay all costs of recovering those processing costs.

If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company, in signing this application I/we are binding the trust, society or company to pay all of the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Addresses for correspondence and payment/invoices

All correspondence (excluding invoices) sent to:

Applicant

Agent/nominated contact

Person paying for this application/invoices will be sent to:

Applicant

Agent/nominated contact

Signature

Applicant's full name *(please print)*

Signature of applicant (or person authorised to sign on behalf of Applicant)

Date