

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

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Full legal address of the property where the boundary activity is to occur:

I supply the following information required for a deemed permitted boundary activity under section 87BA of the RMA to be undertaken at the above address:

The description of the boundary activity is:

Provide sufficient detail for Council to be satisfied that the activity is a permitted boundary activity.

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.

Full name and address of the owner of each adjacent property whose boundary is infringed by the proposal:

I have attached a written approval form and signed copy of the plan(s) from the owner of each allotment
with an infringed boundary.

Applicant details				
Applicant name:				
Electronic address for service:				
(Note and electronic address for service MUST be provided for a fast track application)				
Phone number:	Mobile number:			
Postal address:				
Signature				
Signature of applicant (or person authorised to sign on behalf of Applicant)				

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.



		the applicant) to which the boundary activity relates			
Please provide information on a	ll owners. Use a	separate sheet if required			
Owner's name					
Electronic address for serv	ice				
Phone number	Mobile number				
Postal address					
Owner's name					
Electronic address for serv	ice:				
Phone number	Mobile number				
Postal address					
Agent or nominated	contact if di	ferent from applicant			
Agent or nominated conta					
Electronic address for serv	ice				
(Note and electronic address for serv	vice MUST be provid	ed for a fast track application)			
Phone number	Mo	ile number			
Include area code					
Postal address:					
Addresses for corres	nondence	ind payment/invoices			
All correspondence (exclue	-				
Applicant		Agent/nominated contact Owner			
Person paying for this con	sent/invoices	will be sent to:			
Applicant		Agent/nominated contact Owner/occupier			
Deposit fee					
	aust he paid h	fore any processing of the application will start.			
l enclose a deposit					
		ntion may not cover the total cost of processing this application. The Council charges for receiving, sots basis. You may receive a refund or an account for additional costs.			
		e 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 co	osts of recoverir	g 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.					

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Note to Applicant:

If all of the information required under section 87BA(1) of the RMA is provided to the consent authority, the consent authority must notify you of your permitted boundary activity within 10 working days after the date on which it receives the information.