



OPOTIKI DISTRICT COUNCIL

PO Box 44, 108 St John Street, Ōpōtiki
Phone (07) 315-3030 Fax (07) 315-7050
Email: info@odc.govt.nz

RESOURCE MANAGEMENT ACT 1991

**Affected person's written approval to an activity that is the subject of a resource consent application.
Section 95E(3), Resource Management Act 1991**

PART A – TO BE COMPLETED BY APPLICANT

Applicants Name: _____

This is written approval to the following activity that is the subject of a resource consent application: Description of proposal:
(applicant to describe resource consent application sought)

The property to which this application relates is: *(street address, legal description, locality, place name etc)*

PART B – TO BE COMPLETED BY PERSON(S) GIVING APPROVAL

- *Please note that all owners of a property must provide written approval if the property is in joint ownership e.g. husband and wife*

Full name of person(s) giving written approval:

I/we are the owner/occupier of the following property: _____

Give address of the property and legal description

1. I/we have the authority to sign on behalf of all the other owners/occupiers of the project: *(delete if not applicable)*
2. In signing this written approval, I/we understand that the consent authority must decide that I am no longer an affected person, and the consent authority must not have regard to any adverse effects on me.
3. I/we understand that I/we may withdraw my written approval by giving written notice to the consent authority before the hearing, if there is one, if there is not, before the application is determined.
4. I/we have read the full application for resource consent, the Assessment of Environmental Effects, and any site plans as follows :
List document names and dates: *(applicant to list for affected person section)*

Note: A signature is not required if you give your written approval by electronic means, i.e – email form

Signed: _____ Date: _____

Signed: _____ Date: _____

Signature(s) of person(s) giving written approval (or person authorised to sign on behalf of person giving written approval)

Daytime telephone No: _____

Fax/email : _____

Contact person: (name and designation, if applicable) _____

For Office Use:
RC Application No:

NOTES TO AFFECTED PERSON SIGNING WRITTEN APPROVAL

- *Conditional written approvals cannot be accepted.*
- *There is no obligation to sign this form, and no reasons need to be given.*
- *If this form is not signed, the application may be notified with an opportunity for submissions.*
- *If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.*