

Deemed permitted boundary activity application form

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Address all corresponde	ess all correspondence to:			
Chief Evecutive Onotiki I	District Council PO Boy 44 Onotiki 3162			

Address an corresp		44 5 - 111 24 60					
	Chief Executive, Ōpōtiki District Council, PO Box 44, Ōpōtiki 3162						
	Ph 07 315 3030, Fax 07 315 7050 Or return to 108 St John Street, Ōpōtiki						
Site location details							
		med nermitted houndary a	ctivity to be undertaken at the below address under				
_	Resource Management Act	•	etivity to be undertaken at the below dualess ander				
Property address							
Legal description	Lot:		DPS:				
Cross lease/unit title	Flat/unit:		DPS:				
Legal area							
Description of the	proposed boundary active	vitv					
		uncil to be satisfied the ac	tivity is permitted.				
	site of the proposed activ		activity is to occur, showing the height, shape and				
_		djacent property whose bo	oundary is infringed by the proposal.				
Name		Address					
☐ I/we have attached a written approval form and signed copy of the plan(s) from the owner of each allotment with an							

infringed boundary to which the proposed activity relates.

Applicant details						
Full name						
Postal address						
Phone (home)		Phone (work)				
Mobile		Email				
Owner details Owners of the land (other than the applicant) to which the boundary activity relates. Provide information on all owners. Use a separate sheet, if necessary.						
Owner's full name						
Postal address						
Phone (home)		Phone (work)				
Mobile		Email				
Owner's full name						
Postal address						
Phone (home)		Phone (work)				
Mobile		Email				
Agent or nominate <i>If different from appl</i>						
Agent/nominated contact's full name						
Postal address						
Phone (home)		Phone (work)				
Mobile		Email				
Addresses for correspondence and payment/invoices						
All correspondence (excluding invoices) sent to: Applicant Agent/nominated contact Owner Person paying for this consent/invoices sent to: Applicant Agent/nominated contact Owner/occupier						
Deposit fee Note: the initial lodgement deposit paid on application may not cover the total cost of processing this application. Ōpōtiki District 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 enclose a deposit fee of \$						

Declaration					
 □ Payment of fees and charges: Ōpōtiki District Council may charge the applicant for all costs actually and reasonably incurred in processing this application. Subject to the applicant's rights under Sections 357B and 358 of the RMA to object to any costs, the applicant undertakes to pay all and future processing costs incurred by the council. The council may issue interim invoices for applications. If any steps, including the use of debt collectors and/or lawyers, are necessary to recover unpaid processing costs, the applicant agrees to pay all collection 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 the applicant binds the trust, society or company to pay all the above costs and guarantee to pay all the above costs in their personal capacity. Refer to www.odc.govt.nz/feescharges for applicable fees. □ Privacy information: Ōpōtiki District Council requires the information you have provided on this form to process your application under the RMA and to collect statistics. The council will hold and store the information, including all associated reports and attachments, on a public register. The details may also be made available to the public on the council's website. These details are collected to inform the general public and community groups about all consents which have been processed or issued through the council. If you would like to request access to, or correction of any details, please contact the council. 					
Declaration for the applicant or authorised agent or other					
	I/we confirm that I/we have read and understood the notes above. If a private or family trust is the applicant, at least two New Zealand-based trustees are required to provide contact details and sign this form.				
Арр	applicant's full name				
Applicant's signature			Date		
Арр	licant's full name				
Applicant's signature			Date		
Applicant's full name					
Applicant's signature			Date		
Declaration for the agent authorised to sign on behalf of the applicant					
As authorised agent for the applicant, I confirm that I have read and understood the above notes and confirm that I have fully informed the applicant of their/its liability under this document, including for fees and other charges, and that I have the applicant's authority to sign this application on their/its behalf.					
Age	Agent's full name				
Agent's signature			Date		