

Submission on resource consent application

A130517

Address all correspondence to: 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				
Submitter details				
Full name of submitter(s)				
Address				
Postal address (if different)				
Phone (home)	Phone (work)			
Mobile	Email			
Application details				
pplication umber				
Full name of applicant(s)				
Address of proposed activity	of			
Description of proposed activity				
Submission details				
My/our submission: ☐ Supports the application ☐ Opposes the application ☐ Neutral regarding the application				
The specific parts of the application to which my/our submission relates to are:				
The reasons for my/our submission are:				

The decision I/we would like Ōpōtiki District Council to make is (including, if relevant, the parts of the application you wish to have amended and the general nature of any conditions sought):				
Submission at the hearing	ng			
☐ I/we wish to speak in s	support of my/our submission.			
\square I/we do not wish to speak in support of my/our submission.				
☐ If others make a simila	r submission, I/we will consider presenting a joint o	case with them	at the hearing.	
Information for submitte	ers			
•	ust receive this submission before the date and time applicant at the applicant's address for service as so			
All submitters will be advised of hearing details at least 10 working days before the hearing. If you change your mind about attending the hearing, please phone Ōpōtiki District Council so that the necessary arrangements can be made.				
Privacy information: Ōpōtiki District Council requires the information provided on this form to process your submission				
	lect statistics. The council will hold and store the in			
	blic register. The details may also be made available	•		
details are collected to inform the general public and community groups about all consents that 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				
Submitter's signature		Date		
Submitter's signature		Data		
Submitter's signature		Date		
Submitter's signature		Date		
Declaration for the agent authorised to sign on behalf of the submitter				
Agent's full name				
Agent's signstant		Data		
Agent's signature		Date		
			<u> </u>	