

# STRATFORD DISTRICT COUNCIL

## 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*

**TO: Stratford District Council**

**Name of Person(s) Giving Written Permission:**

<b>Name:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Mobile Number:</b>	

*(I have the authority to sign on behalf of all the other owner/occupiers of the property).*

**Property where Proposed Activity is being carried out:**

<b>Name:</b>			
<b>Address:</b>			
<b>Legal Description:</b>			

**This is written approval to the following activity that is the subject of a resource consent application:**

***Description of Activity: (Applicant to complete and plan of proposal to be supplied)***


**I have read the full application for resource consent, the Assessment of Environmental Effects, and any site plans as follows: (list any other document names and dates if not listed)**

	Description of Activity		Site plan
	Assessment of Effects		

*(Tick boxes to show attachments with this consent)*

- In signing this written approval, I 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.
- I understand that I may withdraw my written approval by giving written notice to the consent authority before the hearing, if there is one, or, if there is not, before the application is determined.

<b>Signature:</b>		<b>Date:</b>	
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*(Person giving approval or authorised agent)*

<b>Telephone:</b>		<b>Mob:</b>	
<b>Email:</b>			
<b>Contact Person:</b>			

*(Name and Designation, if applicable)*

**NOTES TO AFFECTED PERSON SIGNING WRITTEN APPROVAL:**

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

***Should you have any concerns regarding this proposal then please do not hesitate to contact Council:***

## Council Office

**Phone:** (06) 765 6099 24 hours

**Office:** 61 - 63 Miranda Street, Stratford

**Postal:** PO Box 320, Stratford 4352

**Email:** [stratforddc@stratford.govt.nz](mailto:stratforddc@stratford.govt.nz)

**Hours:** Monday - Friday 8.30am - 4.30pm