

Submission on Resource Consent Application

FORM NUMBER 13

This submission is made pursuant to Section 96 of the Resource Management Act 1991.

To: The Resource Consent Administration Officer
Tasman District Council
Private Bag 4
Richmond 7031

- Notes: (1) Please ensure that all sections of this form, on both sides, are completed.
- (2) This submission form may be delivered to any of the Council offices, mailed, faxed, or e-mailed to the Council (the various contact details are presented at the bottom of this form). If the submission is faxed or e-mailed then it would be helpful if the original submission was also posted or delivered to the Council as soon as is practicable.

Submitter Details

Full Name:		
Contact Person (if different from above):		
Address for Service:		
Phone:	Fax:	E-mail:

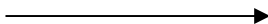
Submission Details

This is a submission on the following application for resource consent lodged with the Council:

Name of Applicant:
Proposed Activity (include location):
Tasman District Council Application Number (if known): RM

1) The specific part(s) of the application that my submission relates to is/are (Give details*):

***Note:** Any additional information should be submitted on a separate sheet(s).

Please turn page 

Here We Are!

RICHMOND
189 Queen Street
Private Bag 4,
Richmond 7031
Ph (03) 543 8400
Fax (03) 543 9524

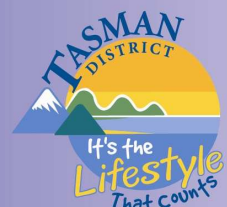
MOTUEKA
7 Hickmott Place
PO Box 123
Motueka
Ph (03) 528 2022
Fax (03) 528 9751

GOLDEN BAY
78 Commercial St
PO Box 74,
Takaka
Ph (03) 525 0020
Fax (03) 525 9972

MURCHISON
92 Fairfax St,
Murchison
Ph (03) 523 1013
Fax (03) 523 1012

email: info@tdc.govt.nz website: <http://www.tdc.govt.nz>

24 Hour
EMERGENCY PHONE
Call your local office



2) The reasons for my submission are (Give details*):

***Note:** Any additional information should be submitted on a separate sheet(s).

3) The nature of my submission is that: (Tick one of the following three boxes):

I support the application
 I oppose the application
 I am neutral regarding the application

4) The decision I would like the Council to make is (Tick one of the following two boxes):

To grant consent
 To refuse/decline consent

If consent is granted, I wish the Council to impose the following conditions (**Note:** you do not have to suggest conditions, particularly if you want the Council to refuse consent):

5) Attendance at any Council Hearing (You must tick one of the following two boxes):

I wish to be heard in support of my submission
 I **do not** wish to be heard in support of my submission

Note: If you indicate that you do not wish to be heard, you will still receive a copy of the Council's decision but you will not receive a copy of the hearings report if a hearing is held.

Print Full Name: _____

Signature*: _____
 (Person making submission or authorised agent)

Date: _____

* **Note:** A signature is not required if you make your submission by electronic means.

A copy of this submission MUST also be sent to the applicant as soon as reasonably practicable after serving a copy on the Council.