



CENTRAL HAWKES BAY DISTRICT COUNCIL
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RM

DEPOSIT:\$900 Gst Incl.

RESOURCE CONSENT APPLICATION

(under the Resource Management Act 1991)

Applicants Name: _____

SITE ADDRESS

Street/Road Name: _____

Street/Rapid No: _____ **Phone:** _____ **E-mail** _____

MAILING ADDRESS (if different than above)

LEGAL DESCRIPTION

Lot No: _____ **DP:** _____ **Section:** _____ **Block:** _____ **Survey District:** _____

Valuation Roll No: _____

Description of Proposal

(Please describe your proposal in detail including the reasons for requiring this resource consent)

Assessment of Environmental Effects

Please describe the environmental effects resulting from the proposal (For example will there be any effects on character, visual amenity, traffic, noise, dust or odour, vegetation, earthworks):

(Continue on separate sheet if necessary)

Please describe in detail any measures proposed to avoid, remedy or mitigate any adverse effects which will result from the change/cancellation of consent conditions (for example screen planting, landscaping, sediment and erosion controls):

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Consent has been obtained from the following affected persons.

An Affected Persons form is to be completed by all those listed

& their signatures are to be shown on the application form, site plan and assessment of environmental effects.

(Name)

(Name)

(Name)

Signature of Applicant: _____ **Date:** _____

Please note that in signing this form you consent to council officers conducting a site visit at the address provided to assess your application.