



This form must be submitted with a completed application cover page form.

1. Applicant details

1a. I am the [radio] Property owner [radio] Lessee [radio] Agent authorised by owner/lessee
1b. Full name [text box] [text box]
1c. Electronic service address [text box]
1d. Telephone [text box] [text box]
1e. Postal address or alternative method of service under Section 352 of RMA 1991 [text box]

2. Property owner details

Provide details below for the property owner if different to 1. above
2a. Full name [text box] [text box]
2b. Electronic service address [text box]
2c. Telephone [text box] [text box]

3. Resource consent details

This application relates to the following resource consent:
3a. Resource consent number [text box]
3b. Description of consented activity [text box]
3c. Site address [text box]

4. Change details

4a. This application is for a change or cancellation of the following resource consent condition(s):
Table with columns: Condition number, Brief description, Change, Cancellation

Please turn over

OFFICE USE ONLY

Date received, Time received, Received by, Receipt #, Amount paid, Application #, Document #, Property ID, Land ID, Planner's Pre-check, Signature, Date

4. Change details - continued

4b. Please provide details/reasons for the change or cancellation:

5. Information included in application

5a. I confirm that I have assessed my proposed activity against the relevant matters of the RMA:
Section 127 Change or cancellation of consent condition on application by consent holder.
Part 2 Purpose and Principles.

- Section 104 Consideration of Applications.
 Schedule 4, including an Assessment of Environmental Effects (AEE).

5b. I have attached this assessment and all other relevant information, including plans, as listed below:

- 5c. Written approvals from affected parties. Contact the Council if you are unsure of who the potentially affected parties might be.
5d. Application fee. Refer to the land use or subdivision consents fees and charges schedule.

6. Post-approval contact details for monitoring purposes

6a. Full name	<input type="text"/>	<input type="text"/>
	First name(s)	Surname
6b. Electronic service address	<input type="text"/>	
6c. Telephone	<input type="text"/>	<input type="text"/>
	Mobile	Landline

7. Privacy statement

The Privacy Act 2020 applies to the personal information provided in this application. For the purposes of processing this application the Council may disclose that personal information to another party. If you want to have access to, or request correction of, that personal information, please contact the Council.

8. Applicant's declaration and privacy waiver

By signing this application, or by submitting this application electronically, I confirm that I am authorised to make such an application, that the information contained in this application is true and correct and that I have read, understood and agree to such terms and conditions applying to this application. I acknowledge and agree to the disclosure of my personal information in respect of this application.

A signature is not required if this application is submitted electronically.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

<input type="text"/>	<input type="text"/>
First name(s)	Surname
<input type="text"/>	<input type="text"/>
Signature	Date