



Te Kaunihera-ā-Rohe o Ngāmotu

New Plymouth District Council



FORM 9 Application for a land use resource consent or fast-track resource consent

Section 87AAC & 88, Resource Management Act 1991

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] First name(s) [text box] Surname [text box]
1c. Electronic service address - this must be provided for fast-track consent applications [text box]
1d. Telephone [text box] Mobile [text box] Landline [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] First name(s) [text box] Surname [text box]
2b. Electronic service address [text box]
2c. Telephone [text box] Mobile [text box] Landline [text box]

3. Fast-track application details

3a. Is this a fast-track controlled land use application? [radio] Yes [radio] No (proceed to 4.)
3b. If yes, please indicate whether you opt out or do not opt out of the fast-track resource consent process [radio] I opt out [radio] I do not opt out

Under the fast-track resource consent process the Council must give notice of the decision within 10 working days after the date the application was first lodged, unless the applicant opts out of the process at the time of lodgement. A fast-track application may cease to be a fast-track application under Section 87AAC(2) of the RMA.

4. Description of proposed activity

4a. Description of activity [text box]
4b. Description of the site at which activity is to occur [text box]
4c. Description of any other activities that are part of the proposal [text box]
4d. Details of additional resource consents required for this activity [text box]
No additional resource consents are required.
Additional resource consents are required. Please provide details of the resource consents required, and whether these have been lodged.

Please turn over

OFFICE USE ONLY

Date received [text box]
Time received [text box]
Received by [text box]
Receipt # [text box]
Amount paid \$ [text box]

Application # [text box]
Document # [text box]
Property ID [text box]
Land ID [text box]

Planner's Pre-check

[text box]
Signature [text box]
Date [text box]

Liardet Street, Private Bag 2025, New Plymouth 4340, NZ, Telephone 06-759 6060, Email enquiries@npdc.govt.nz, Website www.npdc.govt.nz

4. Description of proposed activity - continued

4e. District Plan rule(s) not being met

4f. Proposed start date

5. Information included in application

I confirm that I have assessed my proposed activity against the relevant matters of the RMA:

Part 2 Purpose and Principles.

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

I have attached this assessment and all other required information as listed below:

- Site plan. Your site plan must show the following items:
- Scale and north orientation.
 - Existing and proposed buildings.
 - Building dimensions and distances to boundaries.
 - Trees, fences, landscaping, screening and contours.
 - Car parking, loading facilities and access points.
 - Signs.
- Floor plan.
- Elevation plan. Your plan must show the groundlines and the view of your site, from the ground up, from all boundaries.
- Written approvals from affected parties. Contact the Council if you are unsure of who the potentially affected parties might be.
- Application fee. Refer to the land use consents fees and charges schedule.

6. Post-approval contact details for monitoring purposes

6a. Full name

First name(s)
Surname

6b. Electronic service address

6c. Telephone

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.

First name(s)
Surname
Signature
Date