



# WAIROA DISTRICT COUNCIL

## REGULATORY DEPARTMENT

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📦 PO Box 54, Wairoa 4160, Hawke's Bay  
🏠 Coronation Square, Queen Street, Wairoa

### AFFECTED PERSON'S APPROVAL (FOR DEEMED PERMITTED BOUNDARY ACTIVITY)

The information you provide on this form (8B) is required so that your application can be processed under section 87BA of the Resource Management Act 1991.

#### Notes to affected person(s) signing written approval:

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

#### Applicant's name and/or RM#

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#### Affected Person's Details

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I/We

Are the owners of

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#### Details of Proposal

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I/We hereby give written approval for the proposal, subject to a Deemed Permitted Boundary Activity application to:

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at the following property:

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Please tick both

- I/We understand the proposal and understand that the consent authority will permit the application to undertake the activity (provided they have supplied the correct information, including all other written approvals required).
- I/We understand that I/we may not withdraw written approval.

#### What information/plans have you sighted

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- I/We have sighted and initialled ALL plans dated and approve them.

Name of plan

Title of plan

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**Approval of Affected Peron(s)**

The written consent of ALL owners who are affected. If the site that is affected is jointly owned the written consent of ALL co-owners (names detailed on the title for the site) are required.

Name \_\_\_\_\_

**A** Contact Phone / Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**B** Contact Phone / Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**C** Contact Phone / Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**D** Contact Phone / Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_