



# 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 (FORM 8A)

Approval from affected persons in respect of an application for resource consent under section 95 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.

#### Resource Consent Applicant's Name and/or RM #

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#### Details of Proposal

I/We hereby give written approval for the proposal to:

at the following subject site(s):

Please tick both

- I/We understand that by signing this form Council, when considering this application, will not consider any effects of the proposal upon me/us.
- I/We understand that if the consent authority determines the activity is a deemed permitted boundary activity under section 87BA of the Act, written approval cannot be withdrawn if this process is followed instead.

#### Information/Plans Sighted

Please tick

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

Name of Plan \_\_\_\_\_

Title of Plan \_\_\_\_\_

**Approval of Affected Person(s)**

The written consent of ALL owners/occupiers 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 \_\_\_\_\_

Name \_\_\_\_\_

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

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

Name \_\_\_\_\_

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

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