



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

+64 6 838 7309
+64 6 838 8874
consents@wairoadc.govt.nz

www.wairoadc.govt.nz
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.

Note to person signing written approval:

You should only sign this form if you fully understand the proposal. You should seek expert or legal advice if you need the proposal or Deemed Permitted Boundary Activity process explained to you.

Conditional written approvals cannot be accepted, and written approvals cannot be withdrawn once provided.

There is no obligation to sign this form, and no reasons need to be given.

If you do not sign this form, resource consent may be required for the activity and you may have the opportunity to submit on the application.

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#

Affected Person's Details

I/We

Are the owners of

Details of Proposal

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

at the following property:

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

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

Name of plan

Title of plan

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 _____