



**CONSENTS DEPARTMENT**

Chief Executive Officer  
Rodney District Council  
Private Bag 500  
OREWA 1461  
Fax No: 09 426 7280

**NOTICE OF SUBMISSION**

**(for Land Use Consents under the Resource Management Act)**

1. I/We (the submitter) \_\_\_\_\_ have an interest in the property at \_\_\_\_\_  
\_\_\_\_\_  
support/oppose the application by (applicant) \_\_\_\_\_  
Application No. \_\_\_\_\_ for a \_\_\_\_\_  
consent (type of consent) to (state briefly what is being proposed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. The particular parts of the application I support/oppose are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. The reasons for making my submission are (continue over page if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. I wish the Council to make the following decision (give details including the nature of any conditions sought) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Note:**
1. A copy of this submission MUST BE GIVEN/POSTED to the applicant (BY YOU), at their Address for Service as soon as possible after lodging the submission with the Council.
  2. If this submission is lodged on behalf of a community organisation, incorporated society or other similar body, documentary proof of authority to lodge the submission (e.g. resolution of meeting) should accompany this submission.
  3. This form is subject to the Privacy Act 1993:
    - (1) Personal information obtained in this submission form is primarily for establishing submitters identity and, when the application has been approved or declined, for administration.
    - (2) The information may be released to any inquirer about the application, the refusal of the application, or in relation to the exercise of the approval of this application.
    - (3) The information will be held by Rodney District Council, 50 Centreway Road, Orewa.
    - (4) You have the right to access the information and to request its correction.

**IMPORTANT**

**YOU HAVE THE RIGHT TO ATTEND THE COUNCIL HEARING ON THE APPLICATION AND TO SPEAK IN SUPPORT OF YOUR SUBMISSION. DO YOU INTEND TO EXERCISE THIS RIGHT                      YES/NO**

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone (8.00 a.m. - 4.30 p.m.):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Contact Person (name and telephone number if different from above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

.....

|                               |                            |                           |
|-------------------------------|----------------------------|---------------------------|
|                               | <b>FOR OFFICE USE ONLY</b> |                           |
| <b>Letter Receipt Numbers</b> | <b>Submission Numbers</b>  | <b>Acknowledged Dated</b> |