

Affected Persons Approval for Resource Consent



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(Form 8A)

Section 95E(3), Resource Management Act 1991

Email to: resource.consents@codc.govt.nz

Post to: The Chief Executive
Central Otago District Council
PO Box 122
Alexandra 9340

TO BE COMPLETED BY THE PERSON(S) REQUESTING APPROVAL

Applicant Name: _____

Type of resource consent (circle all appropriate): Land-use / Subdivision

Proposed activity:

Location of site:

CONTACT DETAILS OF AFFECTED PARTY

Full Name/s: *(name of person giving written approval)* _____

Email

Phone

Address of the property *(I am the owner of the following property)*: _____

The full name of all other owners of the property: *(owners of the affected property)*

I have authority to sign on behalf of all the other owners of the property:

☐ Yes

☐ No other owners

NOTES

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.

DECLARATION

- ☐ I have sighted all the attached plans and supporting information for the above activity.
- ☐ I have read the full application for resource consent, the Assessment of Environmental Effects, and any site plans as follows
- ☐ In signing this written approval, I understand that the consent authority must decide that I am no longer an affected person, and the consent authority must not have regard to any adverse effects on me.
- ☐ I understand that I may withdraw my written approval by giving written notice to the consent authority before the hearing, if there is one, or, if there is not, before the application is determined.

Signature

Date

If you have any questions, please contact the Central Otago District Council by phoning 03 440 0056 or email resource.consent@codc.govt.nz