NOTICE OF WRITTEN APPROVAL (Form 8A)

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Resource Management Act, 1991

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| **Affected persons written approval to an activity**  **that is the subject of a Resource Consent.** | | | | | **For enquiries**:  Phone 04 296 4700 or toll free 0800 486 486 and ask for the Duty Planner, or;  Email: resource.consents@kapiticoast.govt.nz | |
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| Part A – To be completed by the Applicant | | | RM No: (If known) | | |
| Name: (please write all names in full) | | | | |  |
| I have applied to the Kāpiti Coast District Council for a Resource Consent to: | | | | | |
| (Describe activity in detail and why consent is required) | | | | | |
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| Applicant’s contact details: | | Landline: | | Mobile: | |
| Email: | | | | |
| Postal address: | | | | |

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| **Note to Applicants:** |
| * It is very important that an accurate description of the activity is stated including all non compliances. * In order for this notice of written approval to be valid all affected persons must sign this form and sign a copy of any plans accompanying the application. |

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| Project Location: |
| No:       Street:       Town: |
| Legal Description: |

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| Part B – To be completed by Person or Organisation giving Approval | |
| Note: This form should be completed by any affected owners and/or occupants (tenants) of a property, or their nominated representatives. | |
| Street address and legal description address of affected property: |  |
| Owner / Owner(s) Name1 | |
| Contact telephone: | Email: |
| Your postal address if different to the above: |  |
| Occupant/s Name (if not owner).1 | |
| Contact telephone: | Email: |

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| **Notes:** | |
| * Written approval indicates that you are fully in agreement with the proposal. * Conditional written approvals are not acceptable. * There is no obligation to sign this form, and no reasons need to be given. You are entitled to refuse to give your written approval. * If this form and any associated plan/s are not signed, the application may be notified with an opportunity for submissions. * Where this form has been signed by a Trustee or under a Power of Attorney, please supply the necessary written evidence confirming you have the legal right to sign on behalf of the Trust/Power of Attorney. * You can withdraw your approval at any time up until Council issues a decision. * You must advise Council in writing that your approval has been withdrawn. You should also let the applicant know. * The final determination as to whether persons are affected or not is made by the Council.   If you are in any doubt, do not hesitate to contact the Resource Consents team to discuss the process. | |
| **Declaration:** | |
| 1. I have been shown a copy of the above application and any other relevant details; 2. I have signed a copy of all the relevant plans or drawings, which are attached hereto (copies of the signed plans to be lodged with the application) and; 3. I do not oppose the proposed development and give my unconditional written approval in terms of the provisions of the Resource Management Act 1991, and; 4. I authorise the applicant to give this written approval to the Kāpiti Coast District Council, and; 5. I understand that in considering the application the Council is unable to take into account any actual or potential effect on my interests with respect to this proposal. | |
| Name(s): | Date: |
| Signature(s): | |
| On behalf of: | |

1: Attach separate list of all owners/occupants if need be.