



Private Bag 704  
Hokitika 7842  
New Zealand

Freephone: 0800 474 834  
Phone: 03 756 9010  
Email: council@westlanddc.govt.nz  
Website: www.westlanddc.govt.nz

## SURRENDER OF RESOURCE CONSENT

Section 138 Resource Management Act 1991

### 1. Resource Consent Details:

Resource Consent Number:

Applicants Name:

Applicant's Contact Address:

I wish to surrender all of this consent?

OR

I wish to surrender part of this consent?

Yes

Yes

### 2. Details of surrender request:

If parts of this consent are to be surrendered, please give details of which parts are to be surrendered:

Reasons for wishing to surrender all or part of the consent:

Signature of Applicants agent:

Date:

Print Name (BLOCK CAPITALS):

### 3. Guidance Notes:

A surrender takes effect on receipt by the applicant/consent holder of a notice of acceptance from the Council

If the notice relates to the surrender in part of the resource consent, the Council may refuse to accept the surrender where it considers it will:

- Affect the integrity of the consent, or
- Affect the ability of the consent holder to meet other conditions of the consent, or
- Lead to an adverse effect on the environment.

A person who surrenders a resource consent remains liable for the following:

- For any breach of conditions which occurred before the surrender of the consent.
- To complete any work to give effect to the consent unless directed otherwise in writing by the Council.

### 4. Billing Details:

This identifies the person or entity that will be responsible for paying any invoices or receiving any refunds associated with processing this application. Please also refer to Council's Fees and Charges Schedule.

Name/s: (please write all names in full)

Email Address:

Postal Address:

Post Code:

Contact Number:

**Fees Information:** Payment is required for processing this application and is set out in Council's Fees and Charges. Once the application has been processed, you will receive an invoice.

**Declaration concerning Payment:** I/we understand that the Council may charge me/us for all costs actually and reasonably incurred in processing this application. Subject to my/our rights under Sections 357B and 358 of the RMA, to object to any costs, I/we undertake to pay all and future processing costs incurred by the Council. Without limiting the Council's legal rights if any steps (including the use of debt collection agencies) are necessary to recover unpaid processing costs I/we agree to pay all costs of recovering those processing costs. If this application is made on behalf of a society (incorporated or unincorporated) or a company in signing this application I/we are binding the society or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Name:

Signature of bill payer:  
(mandatory - please print and sign)

Date:

### 5. Important Information:

#### Note to applicant:

You must include all information required by this form. The information must be specified in sufficient detail to satisfy the purpose for which it is required.

You must pay the charge payable to the consent authority for the application under the Resource Management Act 1991.

#### Privacy Information:

Once this application is lodged with the Council it becomes public information. Please advise Council if there is sensitive information in the proposal. The information you have provided on this form is required so that your application pursuant to the Resource Management Act 1991 can be processed under that Act. The information will be stored on a public register and held by the Westland District Council. The details of your application may also be made available to the public on the Council's website, [www.westlanddc.govt.nz](http://www.westlanddc.govt.nz). These details are collected to inform the general public and community groups about all consents which have been issued through the Council.

**Declaration:** The information I have supplied with this application is true and complete to the best of my knowledge.

Name:

Signature:

Date:

(mandatory - please print and sign, or sign digitally)