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

FORM 10 - APPLICATION TO CHANGE OR CANCEL CONSENT CONDITIONS (s.127)

Form 10: Resource Management (Forms, Fees, and Procedure) Regulations 2003 Section 127 Resource Management Act 1991

1. Pre-Lodgement Meeting: Have you met with a Council Resource Consent representative to discuss this application prior to lodgement?	Section 127 Resource Management Act 1991	
Consent Number: This application relates to the following condition(s) of the Consent: 3. Applicant Details: Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Contact Person: (name and designation) Email: Post Code: Contact Person: (name and designation) Email: Post Code: Contact Person: (name and designation) Email: Postal Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	Have you met with a Council Resource Consent representative to discuss this application prior to lodgement? Yes No)]
Name/s of Consent Holder: This application relates to the following condition(s) of the Consent: 3. Applicant Details: Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Postal Address: (or alternative method of service under section 352 of the Act) Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	2. Existing Resource Consent Details: The Resource Consent that this Form 10 application relates to.	
This application relates to the following condition(s) of the Consent: 3. Applicant Details: Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: 4. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	Consent Number:	
3. Applicant Details: Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: 4. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	Name/s of Consent Holder:	
Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: A. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	This application relates to the following condition(s) of the Consent:	
Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: A. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:		
Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: A. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: Post Code:	3. Applicant Details:	
(name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: 4. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	Name/s:	
(name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: 4. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:		
(or alternative method of service under section 352 of the Act) Post Code: Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Email: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	(name and designation)	
of service under section 352 of the Act) Post Code: Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: Post Code:	Postal Address:	
A. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details). Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	of service under	
Name/s: Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: Post Code:		
Contact Person: (name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code: Post Code:	4. Address for Correspondence: Name and address for service and correspondence (if using an Agent, write their details).	
(name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:	Name/s:	
(name and designation) Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:		
Contact Number: Postal Address: (or alternative method of service under section 352 of the Act) Post Code:		
(or alternative method of service under section 352 of the Act) Post Code:		
of service under section 352 of the Act) Post Code:		
Post Code:	of service under	
	Post Code:	

5. Application S	ite Details: Location and/or Property Street Address of the proposed activity.	
Site Address/ Location:		
Legal Description:		
Record of Title:	Val Number:	
	Please remember to attach a copy of your Record of Title to the application, along wit consent notices and/or easements and encumbrances (search copy must be less that	
Is there a dog on the p Please provide details	or security system restricting access by Council staff?	Yes No
6. Description of	of Proposed Changes:	
activity and drav	prief description of the proposed changes here. Attach a detailed description of twings (to a recognized scale, e.g. 1:100) to illustrate your proposal. Please refer tive District Plan or Proposed Te Tai o Poutini Plan for guidance, notes, and fur irements.	to the
7. Would you lil	ke to request Public Notification:	☐Yes ☐No

8. Other Consent required/being applied	I for under different legislation (more than one can be ticked):
Regional Council Consent	National Environmental Standard Consent
Building Consent (enter BC number if existing)	Other (please specify)
to Protect Human Health:	S) for Assessing and Managing Contaminants in Soil ES. In order to determine whether regard needs to be had to the NES please
	this NES is available on the Council's planning web pages):
Is the piece of land currently being used or has it used for an activity or industry on the Hazardous List (HAIL)	
Is the proposed activity an activity covered by the any of the activities listed below, then you need to	
Subdividing land	Changing the use of a piece of land
Disturbing, removing or sampling soil	Removing or replacing a fuel storage system
10. Assessment of Environmental Effects	s (AEE):
requirement of Schedule 4 of the Resource Managem provided. The information in an AEE must be specified in	ompanied by an Assessment of Environmental Effects (AEE). This is a nent Act 1991 and an application can be rejected if an adequate AEE is not a sufficient detail to satisfy the purpose for which it is required. Your AEE may from adjoining property owners or affected parties, in the form of an Affected Party
11. Billing Details:	
•	sible for paying any invoices or receiving any refunds associated with processing Fees and Charges Schedule.
Name/s: (please write all names in full)	
Email Address:	
Postal Address:	
	Post Code:
Contact Number:	
	J
been accepted via the s88 vetting process, you will receive invoice has been paid. Please note that if the deposit fee is	application and is set out in Councils Fees and Charges. Once the application has a formal acknowledgement and an invoice. Processing will not begin until the deposit insufficient to cover the actual and reasonable costs of work undertaken to process the Invoiced amounts are payable by the 20th of the month following invoice date. You pplication requires notification.
processing this application. Subject to my/our rights under studies future processing costs incurred by the Council. Without agencies) are necessary to recover unpaid processing	the Council may charge me/us for all costs actually and reasonably incurred in Sections 357B and 358 of the RMA, to object to any costs, I/we undertake to pay all and limiting the Council's legal rights if any steps (including the use of debt collection costs I/we agree to pay all costs of recovering those processing costs. If this unincorporated) or a company in signing this application I/we are binding the society or a council the above costs in my/our payronal conacity.
	ry all the above costs in my/our personal capacity.
Name:	ry all the above costs in my/our personal capacity.
Signature of bill payer	ty all the above costs in my/our personal capacity.
	Date:

12. 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 may apply for two or more resource consents that are needed for the same activity on the same form.

You must pay the charge payable to the consent authority for the resource consent 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 consent 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. These details are collected to inform the general public and community groups about all consents which have been issued through the Council.

Name	e:
Signa	ature: Date:
(man	datory - please print and sign, or sign digitally)
13.	Application Checklist: (please tick if information is provided)
	A current Record of Title (Search Copy not more than 3 months old)
	Copies of any listed encumbrances, easements and/or consent notices relevant to the application
	Location of property and description of proposal
	Assessment of the relevant Operative and proposed Te Tai o Poutini Plan objectives and policies
	Assessment of Environmental Effects (AEE) Including but not limited to, Vehicle movements, stormwater, wastewater and water provisions, accessways, etc.
	Written Approvals / correspondence from all relevant consulted parties Including Affected Party Approval declaration (APA)
	Reports from technical experts (if required)
	Copies of other relevant consents associated with this application
	Location and Site plans (land use) and/or
	Location and Scheme Plan (subdivision)
	Elevations / Floor plans
	Topographical / contour plans
	Review of draft conditions – please tick if you agree to the extension of processing times under section 37 of the RMA for the review of draft conditions.

Only one copy of an application is required, but please note for copying and scanning purposes, all attached documentation should be no larger than A3 in size.

This contains more helpful hints as to what information needs to be shown on included plans.

Please refer to the Council's Operative District Plan or Proposed Te Tai o Poutini Plan for guidance, notes, and further details of the information that must be provided with an application. Please also refer to the RC Checklist available on the Council's website.