

Address all correspondence to:

Chief Executive, Whakatāne District Council, Private Bag 1002, Whakatane 3158 | Phone 07 306 0500 | Email planning@whakatane.govt.nz | Fax 07 307 0718

Full legal address of the property where the marginal or temporary activity is to occur:

I supply the following information required for a deemed permitted marginal or temporary activity under section 87BB of the RMA to be undertaken at the above address:

The description of the boundary activity is:

Provide sufficient detail for Council to be satisfied that the activity meets the stated criteria for a marginal or temporary activity (s87BB(1) Resource Management Act 1991)

A plan (drawn to scale) of the site at which the activity is to occur, showing the height, shape and location on the site of the proposed activity.

Full name and address of the owner(s) of any property affected by this proposal:

I have attached a written approval form and signed copy of the proposal from the owner(s) of each allotment affected by this proposal.

Applicant details

Applicant name:

Electronic address for service:

(Note and electronic address for service MUST be provided for a fast track application)

Phone number:

Mobile number:

Postal address:

Signature

Signature of applicant (or person authorised to sign on behalf of Applicant)

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

Owners of the land (other than the applicant) to which the proposed activity relates

Please provide information on all owners. Use a separate sheet if required

Owner's name

Electronic address for service

Phone number

Mobile number

Postal address

Owner's name

Electronic address for service:

Phone number

Mobile number

Postal address

Agent or nominated contact if different from applicant

Agent or nominated contact name(s)

Electronic address for service

(Note and electronic address for service MUST be provided for a fast track application)

Phone number

Mobile number

Include area code

Postal address:

Addresses for correspondence and payment/invoices

All correspondence (excluding invoices) sent to:

Applicant

Agent/nominated contact

Owner

Person paying for this consent/invoices will be sent to:

Applicant

Agent/nominated contact

Owner/occupier

Deposit fee

The required deposit fee must be paid before any processing of the application will start.

I enclose a deposit fee of \$

Note: The initial lodgement deposit paid on application may not cover the total cost of processing this application. The Council charges for receiving, processing and granting of consents on an actual costs basis. You may receive a refund or an account for additional costs.

I/We understand that Council may invoice me for the actual and reasonable costs incurred in the processing of 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 collectors, 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 trust (private or family), a society (incorporated or unincorporated) or a company, in signing this application I/we are binding the trust, society or company to pay all of the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Note to Applicant:

If all of the information required under section 87BB(1) of the RMA is provided to the consent authority, the consent authority must notify you of your permitted boundary activity within 10 working days after the date on which it receives the information.