

**APPROVAL BY A PERSON
AFFECTED BY AN APPLICATION
FOR A RESOURCE CONSENT (SECTION 95 OF
THE RESOURCE MANAGEMENT ACT 1991)**

Office Use Only



File Number:

Consents Officer:

PART A: DESCRIPTION OF APPLICATION:

APPLICANT:

DESCRIPTION OF PROPOSED ACTIVITY:

LOCATION:

PART B: PERSON GIVING APPROVAL: (To be completed by the person giving approval)

Full name/s	<input type="text"/>			
Postal address	<input type="text"/>			
I am the owner/occupier (delete one) of the following property: (Address of property affected by application)	<input type="text"/>			
Primary contact person/s	<input type="text"/>			
Email address	<input type="text"/>			
Phone number/s	Home:	<input type="text"/>	Business:	<input type="text"/>
	Mobile:	<input type="text"/>	Fax:	<input type="text"/>

I have read the full application for resource consent, the Assessment of Environmental Effects, and any site plans as follows: (list documents with form numbers and dates where relevant)

I have the authority to give approval for the application as described in the documents listed above on behalf of either all other owners/occupiers of the property identified above or the organisation identified above, and hereby do so. A signature is not required if you give your written approval by electronic means.

Signature:	Date:
<input type="text"/>	<input type="text"/>
Name (BLOCK CAPITALS):	
<input type="text"/>	

NOTE: DO NOT SIGN BEFORE READING THE NOTES ON THE BACK OF THIS SHEET

Important information – please read carefully

In signing this written approval, I understand that the Council 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.

If you do not understand this form or the implications of signing it, do not sign the form.

There is no obligation to sign this form, and no reasons need to be given.

Conditional written approvals cannot be accepted.

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.

Make sure you have seen the application in its entirety, including any attachments and supporting documents.

If you choose to sign this form it can be sent directly to the West Coast Regional Council.

Once granted you can request that a copy of the resource consent be provided to you.

Public information

The information you provide is public information. It is used to help process a resource consent application and assess the impact of an activity on the environment and other people.

Your information is held and administered by the West Coast Regional Council in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. This means that your information may be disclosed to other people who request it in accordance with the terms of these Acts. It is therefore important you let us know if your form includes any information you consider should not be disclosed.

More information

For more information on the application process or resource consents, visit our website at www.wcrc.govt.nz or phone a member of the Consents team on (03) 768 0466 or 0508 800 118.



THE WEST COAST
REGIONAL COUNCIL

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