

# TRANSFER OF RESOURCE CONSENT

Office Use Only



Pursuant to Sections 134 – 137 of the Resource Management Act 1991, the undersigned gives notice of the transfer of ownership of a Resource Consent, or we request that the name of the Consent Holder is changed, in accordance with the details below:

## Section 1: Consent details

This transfer relates to the following resource consent/s:

| Consent number/s | Purpose of consent<br>(as stated on resource consent document) | Activity location<br>(as stated on resource consent document) |
|------------------|----------------------------------------------------------------|---------------------------------------------------------------|
|                  |                                                                |                                                               |
|                  |                                                                |                                                               |
|                  |                                                                |                                                               |
|                  |                                                                |                                                               |
|                  |                                                                |                                                               |

## Section 2: Current consent holder details (to be completed by transferor)

You should complete any remedial or required works before you transfer your consent. You will also remain liable for any non-compliance with your consent conditions that occurred prior to transfer, and for any consent related charges up to the time of transfer.

Your consent will not be transferred until we have received written authorisation from both parties. Please make sure that this form is fully signed and completed, then returned to us as soon as possible. The West Coast Regional Council does **not** accept responsibility for ensuring that transfer of consent forms are returned and completed.

**We will send you written notice when the transfer is completed.**

|                                                                    |                                                                                            |  |           |  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|-----------|--|
| Full name/s                                                        |                                                                                            |  |           |  |
|                                                                    |                                                                                            |  |           |  |
|                                                                    |                                                                                            |  |           |  |
| Postal address                                                     |                                                                                            |  |           |  |
| Primary contact person/s                                           |                                                                                            |  |           |  |
| Email address                                                      |                                                                                            |  |           |  |
| Phone number/s                                                     | Home:                                                                                      |  | Business: |  |
|                                                                    | Mobile:                                                                                    |  | Fax:      |  |
| Declaration<br><i>Please include all consent holders signature</i> | I/we wish to transfer the above resource consent/s to the person(s) detailed in Section 3. |  |           |  |
|                                                                    | Signature of ALL current holders or holder's agent (please indicate delegated authority):  |  |           |  |
|                                                                    |                                                                                            |  |           |  |
|                                                                    | Print Name (BLOCK CAPITALS)                                                                |  |           |  |
|                                                                    |                                                                                            |  |           |  |
|                                                                    | Date:                                                                                      |  |           |  |

### Section 3: New consent holder details (to be completed by transferee)

For **individuals**, you must provide the full names of all individuals (such as John Robert Smith and Mary Jane Williams). For **companies and other incorporated entities** you must provide the company name and you must also provide the name of a person or persons who will represent your company and be responsible for the application.

For **partnerships, groups and unincorporated entities** (such as private or family trusts or unincorporated societies) we must have the details of all authorised partners, trustees, members or officers. We may also request a copy of your society's rules to verify your status as a formal body or society.

**We will send you written notice when the transfer is completed.**

|                                                                                                                                                                       |                                                                                      |  |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|-----------|--|
| <b>Full name/s of new holder</b><br>This is the name/s that your consent will be held under.<br><br>We will not issue consents in the name of unregistered companies. |                                                                                      |  |           |  |
| <b>Postal address</b>                                                                                                                                                 |                                                                                      |  |           |  |
| <b>Residential address</b><br>If different from postal address                                                                                                        |                                                                                      |  |           |  |
| <b>Primary contact person/s</b>                                                                                                                                       |                                                                                      |  |           |  |
| <b>Email address</b>                                                                                                                                                  |                                                                                      |  |           |  |
| <b>Phone number/s</b>                                                                                                                                                 | Home:                                                                                |  | Business: |  |
|                                                                                                                                                                       | Mobile:                                                                              |  | Fax:      |  |
| <b>Declaration</b>                                                                                                                                                    | <b>I/we agree to the transfer for the above resource consent/s</b>                   |  |           |  |
|                                                                                                                                                                       | Signature of ALL new holder or holder's agent (please indicate delegated authority): |  |           |  |
|                                                                                                                                                                       |                                                                                      |  |           |  |
|                                                                                                                                                                       | Print Name (BLOCK CAPITALS)                                                          |  |           |  |
|                                                                                                                                                                       |                                                                                      |  |           |  |
|                                                                                                                                                                       | Date:                                                                                |  |           |  |

### Partnership/unincorporated entity details

For **partnerships, groups or unincorporated entities** (such as private or family trusts or unincorporated bodies or societies) you must provide details of all authorised partners, trustees or members. Include details of any further partners/trustees/members on a separate page if necessary. Your consent will then include these names, and all individuals will be legally responsible for the activity and any associated compliance issues. Should these persons change, then you must notify us.

|                                                                                                                                   |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Name of person:</b><br><b>Status</b> (such as partner, member or trustee):<br><b>Residential address:</b><br><b>Signature:</b> |  |  |  |
|                                                                                                                                   |  |  |  |
|                                                                                                                                   |  |  |  |
| <b>Name of person:</b><br><b>Status</b> (such as partner, member or trustee):<br><b>Residential address:</b><br><b>Signature:</b> |  |  |  |
|                                                                                                                                   |  |  |  |
|                                                                                                                                   |  |  |  |

**Include details of any further partners/trustees/members on a separate page if necessary.**

## Occupier details

If the owner and/or occupier of the activity site differ from the Consent Holder (transferee) please provide their names and contact details

|                 |          |  |           |  |
|-----------------|----------|--|-----------|--|
| Owner name/s    |          |  |           |  |
| Postal address  |          |  |           |  |
| Email address   |          |  |           |  |
| Phone number/s  | Private: |  | Business: |  |
|                 | Mobile:  |  | Fax:      |  |
| Occupier name/s |          |  |           |  |
| Postal address  |          |  |           |  |
| Email address   |          |  |           |  |
| Phone number/s  | Private: |  | Business: |  |
|                 | Mobile:  |  | Fax:      |  |

## Application fees

The transfer of a Resource Consent to another person or party incurs a transfer fee of \$195 plus GST (\$224.25 incl GST) in accordance with the West Coast Regional Council Charges Schedule.

Payment can be made in the following ways:

- at the West Coast Regional Council Office by cash or cheque
- by post by cheque
- by electronic banking using the details below:

WEST COAST REGIONAL COUNCIL

WESTPAC BANK ACCOUNT NUMBER:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 3 | 0 | 8 | 4 | 6 |
|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 1 | 5 | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |  |
|---|---|--|
| 0 | 0 |  |
|---|---|--|

Bank

Branch Number

Account Number

Suffix

Payer particulars – Resource Consent Number

Payer reference - RCTransfer

Payer particulars (max 12 characters)

Payer code (max 12 characters)

Payer reference (max 12 characters)

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## Important information – please read carefully

Unless it expressly provides otherwise, a Resource Consent may be transferred to another person or party if they will be operating the same activity at the same location. That transfer can involve the whole or part of a Resource Consent, and if it is a water or discharge permit, may be temporary or permanent.

**Please note, this form is not for the transfer of location of a resource consent.**

A Resource Consent is a legal document. This means that written authorisation from all relevant parties is required before it can be transferred. This form enables the transfer process, and must be completed and signed by **both** the current and the new Consent Holder.

If you need any further help, please phone the Consents team on **(03) 768 0466 or 0508 800 118.**

Form updated 01 July 2026



**WEST COAST**  
REGIONAL COUNCIL

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