



Resource Management Act 1991
Written Approval of a Potentially Affected
Person(s) by an Application for a
Resource Consent/Change of Condition/s

Resource
Consent No:

To be completed by the person requesting approval

Applicant:
Type of resource consent:
Proposed activity:
Location of site:

To be completed by the person giving their approval

Name:
and/or organisation:
being the owner(s) occupier(s) owner(s) and occupier(s)
of the property situated at
[address and/or legal description of your property]

I/We have sighted and signed all the attached plans and supporting information for the above activity.
I/We hereby give approval for the proposal to be considered by the Timaru District Council without public notification.
I/We understand that, if I give my approval, Timaru District Council shall not take into account any effects that the proposed activity may have on me/us, when considering the application (section 104(3) of the Resource Management Act 1991).

Signed: Date: Daytime Telephone No:
Signed: Date: Daytime Telephone No:

NOTE: IF YOU DO NOT UNDERSTAND WHAT THIS FORM IS, OR DETAILS ABOUT THE APPLICATION ASSOCIATED WITH THIS FORM, DO NOT SIGN IT.

If you have any queries regarding the Resource Consent/Change of Condition process or the role and rights of adversely affected person(s), please contact the duty planner in the Planning Unit, telephone (03) 687-7271.