

Application for Certificate of Compliance

(Section 139, Resource Management Act 1991)

If you are unsure of how to complete this form it is recommended that you engage the services of a suitably qualified planning consultant to help you with your application. It is important that you answer all questions in full otherwise your application may be returned to you as incomplete. Please note that all the information provided in this application is available to the public and for statistical purposes.

A.1 APPLICANT DETAILS		<i>(the name of the consent holder who will be responsible for the consent and any associated costs, unless otherwise stated in Section A.9)</i>	
Full Name (please write all names in full)			
OR Name of Company Trust/Organisation (Please note that if a Trust, all Trustee Names must be included)			
Electronic Address (Email)			
Postal Address	Post Code		
Phone:	Mobile phone		
How do you wish to receive correspondence? (Please tick)	Post <input type="checkbox"/>	E-mail <input type="checkbox"/>	
If you have an agent / spokesperson acting on your behalf, tick here and enter their details below in A.2			<input type="checkbox"/>
Please note: if you appoint an agent, the Council will contact <u>only</u> the agent regarding this application unless you specifically request otherwise. To request copies of all correspondence sent to the agent, please tick			<input type="checkbox"/>
A.2 AGENT DETAILS		Tick here if N/A <input type="checkbox"/>	
Company	Contact Person		
Electronic address (email)			
Postal address	Post Code		
Phone	Mobile Phone		
A.3 APPLICATION PROPERTY DETAILS			
Site/Street Address:	Town/Location		
Legal Description (from your Rates Notice or Certificate of Title)			
Owner			

Occupier
A.4 DESCRIPTION OF PROPOSED ACTIVITY: Attach additional sheets if required

A.5 RULE BOOK	
Waikato District Plan (Waikato Section) 2013	<input type="checkbox"/> National Environmental Standard <input type="checkbox"/>
Waikato District Plan (Franklin Section) 2000	<input type="checkbox"/>

A.6 DOCUMENTS TO BE ATTACHED	
Copies of the following documents MUST be supplied	
Certificate of Title less than two months old	<input type="checkbox"/> Plan Showing proposed carparking <input type="checkbox"/>
Locality Plan	<input type="checkbox"/> Site Plan <input type="checkbox"/>
District Plan Assessment of relevant rules including any relevant National Environmental Standards. E.g. National Environmental Standard for Assessing and Managing Contaminants in Soil to Protect Human Health	<input type="checkbox"/>
Copies of these documents must be supplied if relevant to the application	
Elevation Plans	<input type="checkbox"/> Internal Layout Plans <input type="checkbox"/>

A.7 PREVIOUS ADVICE	
Have you had any previous advice and/or correspondence from Council in regards to your proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Duty Planner	<input type="checkbox"/> Building Consent/PIM Officer <input type="checkbox"/>
Pre application PRE /	<input type="checkbox"/> Name of person you received advice from
Copy of advice and/or correspondence attached	<input type="checkbox"/>

A.8 NUMBER OF COPIES
Please provide ONE (1) <u>complete</u> electronic version of the application on CD or memory stick or by emailing it to applications@waidc.govt.nz and/or TWO (2) <u>complete</u> hard copies.
It is recommended that you separate your resource consent application/s from any other type of application you may be submitting to Council (e.g. building consent applications). In some instances a combined land use consent and subdivision is acceptable. Please discuss with a Planner prior to lodgement.

A.9 BILLING DETAILS <i>This identifies who will be receiving any invoices associated with processing this resource consent. By signing Section A9 you agree that you are responsible for all outstanding fees incurred during consent processing</i>	
Full Name (please write all names in full)	
Postal Address	Post Code
Email	
Phone	Mobile phone

The deposit applicable for your application can be found under [fees and charges](#) on the Council website

Payment Options – Please tick - NB: Council's preferred method of payment is internet banking

Please note: your application will not be processed until the required deposit is received

Internet Banking

Payment made via Internet Banking – Use the Bill Payment option for your bank, select **Waikato DC Resource Consents**, quote the property address of the activity, your name/client(s) name and the application number if known

Date of Payment

Payment Advice Information attached

Cheque

Council Offices

Payment made at Council Office

Receipt Number

Date of Payment

Invoice Payment NB your application will not be processed until payment is received

A.10 SIGNATURE

Note to Applicant

I/We understand that the Council may charge me/us all costs that are actually and reasonably incurred in processing this application. I/we undertake to pay all actual and reasonable processing costs incurred by the Council subject to my/our rights under sections 357B and 358 of the RMA to object to such costs. Without limiting Waikato District Council's legal rights, if any actions are necessary to recover unpaid processing costs or fees associated with the resource consent(s), including debt recovery fees, I/we agree to pay all costs of recovering those costs.

If this application is made on behalf of a company, society (incorporated or unincorporated) or trust, in signing this application I/we acknowledge that:

- I am/we are authorised to make this application on behalf of that company, society or trust; and
- The company, society or trust will pay the actual and reasonable costs of processing the application, including any debt recovery costs.

By signing this form, I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct.

Signed by Applicant/s

Dated

A signature is not required if the application is made by electronic means

Note to Agent

By signing this form, I hereby certify that:

- To the best of my knowledge and belief, the information given in this application is true and correct;
- I am authorised to submit this application on behalf of the applicant/s; and
- I have explained to the applicant/s their obligation to pay all actual and reasonable processing costs incurred by Council under Section 36 of the RMA

Signed by Agent

Dated

Name and Role (Please print)

A signature is not required if the application is made by electronic means.