

Lodgement of Notice for Objection

Section 357, 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. Please note that all the information provided in this application is available to the public and for statistical purposes.

A.1 APPLICANT DETAILS <small>(the name of the consent holder who will be responsible for the consent and any associated costs, unless otherwise stated in Section A.1.1)</small>	
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
If you have an agent / spokesperson acting on your behalf, tick here <input type="checkbox"/> and enter their details below in A.2 <i>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</i> <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 SITE DETAILS	
Site/Street Address:	Town/Location
Legal Description (from your Rates Notice or Certificate of Title)	

A.4 TYPE OF OBJECTION and RESOURCE CONSENT NUMBER

	<u>Please Tick the appropriate box</u>	<u>Resource Consent Number the objection relates to</u>
Additional Costs incurred over and above the lodgement fee:	<input type="checkbox"/>	
Conditions:	<input type="checkbox"/>	
A decision to Decline:	<input type="checkbox"/>	
Returned application under section 88	<input type="checkbox"/>	
Submission Strike Out	<input type="checkbox"/>	

A.5 REASONS FOR OBJECTION

Document/s attached

A.6 REQUEST FOR AN INDEPENDENT HEARING COMMISSIONER (OPTIONAL)

Do you request an independent hearings commissioner?

Note to Applicant

In requesting an independent hearings commissioner I/We understand that the Council may charge me/us all costs that are actually and reasonably incurred in processing this objection in regards to the independent hearing commissioner. I/we undertake to pay all actual and reasonable processing costs incurred by the Council in relation to the costs of the independent hearing commissioner.. Without limiting Waikato District Council's legal rights, if any actions are necessary to recover unpaid processing costs or fees associated with the objection including debt recovery fees, I/we agree to pay all costs of recovering those costs.

If this request 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 objection, including any debt recovery costs.

By signing this form, I hereby certify that, that I/we agree to pay all actual and reasonable processing costs incurred by the Council in relation to the costs of the independent hearing commissioner.

Signed by Applicant/s:

Dated:

No signature is required if serving this application electronically

A.7 PREVIOUS CORRESPONDENCE

Have you had any previous correspondence in regards from Council in regards to your objection.

Yes

No

Name of person you received advice from

Copy of advice and/or correspondence attached

A.8 BILLING DETAILS *This identifies who will be receiving any invoices associated with processing this objection. By signing Section A10 you agree that you are responsible for all outstanding fees incurred during the processing of this objection.*

Full Name (please write all names in full)			
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"/>	<input type="checkbox"/>

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 objection will not be processed until payment is received

A.9 HOW TO LODGE YOUR OBJECTION

Objections can only be lodged within 15 working days of the issue of a decision. If you are outside of this timeframe you cannot lodge an objection.

Please provide ONE (1) complete electronic version of the application on CD or memory stick or by emailing it to applications@waidc.govt.nz or One (1) complete hard copy.

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 objection. I/we undertake to pay all actual and reasonable processing costs incurred by the Council. Without limiting Waikato District Council's legal rights, if any actions are necessary to recover unpaid processing costs or fees associated with the objection, 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 this objection, 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 objection request is true and correct.

Signed by Applicant/s:

Dated

Note to Agent

By signing this form, I hereby certify that:

- To the best of my knowledge and belief, the information given in this objection request is true and correct;
- I am authorised to submit this objection 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)

Important Privacy Information

The information you provided in your objection (including personal information) is official information. Your application documents, the details of this objection and any ongoing communications between you and Council will be held at Council's offices and maybe accessed upon request by a third party. Access to information held by Council is administered in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. Your information may be disclosed in accordance with the terms of these Acts. If you have any concerns about this, please discuss with a Council Planner prior to lodging your objection