

Email: applications@waidc.govt.nz
www.waikatodistrict.govt.nz
Telephone (all hours) 07 824 8633
Call Free 0800 492 452
District Office
15 Galileo Street
Private Bag 544
Ngaruawahia 3742

Request for Pre Application Advice

Cost of a pre-application service

Note that the lodgement fee for a resource consents pre-application service can be found at <u>fees and charges schedule</u>. This includes a one hour meeting with a processing planner and up to two technical experts that will not be charged for.

If the service exceeds the one hour of total time spent in preparing for the meeting, attending the meeting and providing a written/verbal response then the additional fees charged at an officer's hourly rate as stated in Councils Fees and Charges Schedule and includes but is not limited to administration, research, writing and distribution of minutes and additional meetings

A.I CONTACT DETAILS							
	Property Owner(s)		Prosp	ective Pur	chaser		
I am the (please tick)	Lessee		Agent/Consultant		nt		
	Developer		Other				
Full Name							
(please write all names in full)							
Postal Address							
		Post			Post C	ode	
Email							
Phone:			Mobi	_			
			phon	e			
How do you wish to receive correspondence? (Please tick)	Telephone				E-mail		
A.2 PROSPECTIVE APPLICANT Tick here if N/A							
Name							
Postal Address:							
		Post 0			Post C	ode	
Email:							
Phone:	Mobile Phone						
A.3 APPLICATION SITE DETAILS							
Site/Street Address:				Town/L	ocation		
Legal Description (from your Rates Notice or Record of Title)							
Zone				Area of	Site	Ha/m²	

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A.4	PREVIOUS ADVICE	Tick here if N/A
	e indicate whether you have previously discussed your a y relevant staff and allocated reference number below	
A.5	DESCRIPTION OF THE PROPOSED ACTIVITY	
Additi	onal sheets attached (Number of sheets)	
A.6	SPECIFIC ADVICE SOUGHT	
Please traffic meeti	e describe specifically the matters you are seeking a . This will help the Planner determine what techning.	advice on e.g. planning, engineering, noise, cal experts may be required to attend any

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A.7 DESCRIPTIVE PLANS	OF THE PROPOSED AC	TIVITY	Tick here if N/A	
Please attach scale plans of the activity, where plans are to show an adequate level of detail to enable Council assessment. Please list these plans below				
A.8 SIGNATURE				
I/We understand that the Council of this pre application advice recoversary to recover unpaid procedure recovery fees, I/we agree to pay all	quest. Without limiting Wa essing costs or fees associated costs of recovering those co	uikato District Co d with this pre ap osts.	ouncil's legal rights, i oplication advice reque	f any actions are est, including debt
If this application is made on beh application I/we acknowledge that:	alf of a company, society (in	corporated or u	nincorporated) or tru	ist, in signing this
	make this application on beh trust will pay the actual and	•		
any debt recovery costs.				
By signing this form, I hereby ce application is true and correct.	ertify that, to the best of n	ny knowledge an	d belief, the informat	tion given in this
Signed by Applicant/s:			Dated	
Signed by Agent:			Dated	
Name and Role (Please print)				
A.9 BILLING DETAILS This identifies who will be receiving any invoices associated with processing this pre application advice request By signing below you agree that you are responsible for all outstanding fees incurred during				
Full Name	consent processing			
(please write all names in full) Postal Address				
i ostai Address			Post Code	
Email				
Phone:		Mobile phone		
How do you wish to receive correspondence? (Please tick)	Post		E-mail	
The deposit applicable for your application can be found under <u>fees and charges</u> 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				

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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				
<u>Cheque</u>					
Council Office	<u>es</u>				
	Payment made at Council Office		Receipt Number		
Date of Payment					
Invoice Payment NB your application will not be processed until payment is received					

The advice you will receive from Council is limited to the information you provide in this application, any further information you may supply at a pre application meeting and which is relevant to the provisions of any plan or proposed plan in existence at the time of the pre application meeting. Council does not accept any legal liability for any advice or view expressed by Council at the pre application meeting and any advice or view expressed is subject to further reconsideration by Council after the application is lodged. Prior to lodging any application under s88 of the RMA, applicants are advised to seek their own independent legal and planning advice in relation to all matters covered by the pre application meeting, and in the event the proposal changes or there is a delay in lodging any application

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