SUBMISSION ON RESOURCE CONSENT APPLICATION

DISTRICT COUNCIL

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FAX: (06) 306 9373 EMAIL: planning@swdc.govt.nz

Planning Department South Wairarapa District Council PO Box 6 19 Kitchener Street

Please send or deliver to:

MARTINBOROUGH	
Regarding Resource Consent Ap Applicant's name:	plication
Applicant's proposal:	
Person or Organisation Making S	Submission
Contact person (if different from above):	
Postal address:	
Telephone numbers:	
Fax and Email:	
Submission This submission (Please ✓)	 Supports the application Opposes the application Is Neutral towards the application
Do you wish to be heard in respect	of your submission? (Please ✔) ☐ Yes ☐ No
Submission Statement (please us The particular parts of the application	se additional pages if required) on I support/oppose or am neutral towards are:

Submission Form 1 of 2

The reasons for m	aking my submission are:		
	would like the Consent Authority d to the consent if it were granted		conditions you would
	Ç	,	
Signature			
Signature:		Date:	
	ed to sign on behalf of submitter)	Date.	
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Note

- You are required to send a copy of this submission to the applicant as soon as reasonably practicable.
- A faxed or emailed submission must be followed by the original in the post.
- This form is for your convenience only. You may make a submission that addresses the points above in a letter or other suitable format. The deadline for submissions is the 20th working day after publication is given under s93 or notice is served under s94(1) of the RMA.

Submission Form 2 of 2