**Resource Consents Unit**

**Notice of Submission on an
Application for Resource Consent**

**Resource Management Act 1991 – Form 13**

**Email your submission to:** **resourceconsentapplications@ccc.govt.nz****; or**

**Deliver to: Resource Consents Unit, Christchurch City Council, 53 Hereford Street, Christchurch; or**

**Send to: Resource Consents Unit, Christchurch City Council, PO Box 73014, Christchurch Mail Centre, Christchurch 8154.**

**For enquiries phone: 03 941 8999**

***Application Reference:***

**RMA:** 92028277

**Planner:** Mal Nash

**1. Submitter Details**

Name of Submitter *(state full name)*:

Physical Address: Post Code:

Postal Address *(if different)*: Post Code:

Email Address:

Telephone *(day)*: Mobile: Facsimile:

My address for service for receiving documents and communication about this application is:

[ ] By email

[ ] By post

**2. Application Details**

Application Reference Number *(if not stated above)*:

Name of Applicant *(state full name)*:

Application Site Address:

Description of Proposed Activity:

**3. Submission Details**

I / we:  [ ] Support all or part of the application

[ ] Oppose all or part of the application

[ ] Am neutral towards the application

The specific parts of the application that my/our submission relates to are: *(give details, using additional pages if required.)*

The reasons for my/our submission are: *(use additional pages if required.)*

The decision I/we would like the Council to make is: *(give details including, if relevant, the parts of the application you wish to have amended and the general nature of any conditions sought. Use additional pages if required.)*

**4. Submission at the Hearing**

[ ]  I / we **wish to** speak in support of my / our submission

[ ]  I / we **do not wish to** speak in support of my / our submission

[ ]  If others make a similar submission I / we will consider presenting a joint case with them at the hearing

[ ]  Pursuant to section 100A of the Resource Management Act 1991 I / we request that the Council delegate its functions, powers, and duties required to hear and decide the application to one or more hearings commissioners who are not members of the Council. *(Please note that if you make such a request you may be liable to meet or contribute to the costs of the commissioner(s)*. *Requests can also be made separately in writing no later than 5 working days after the close of submissions.)*

*(Of submitter(s) or person authorised to sign on behalf of submitter(s))*

**5. Signature**

Signature: Date:

Signature: Date:

*Note: A signature is not required if you make your submission by electronic means*

**6. Important Information**

1. The Council must receive your submission before the closing date and time for submissions on this application.
2. You must also send a copy of this submission to the applicant as soon as reasonably practicable, at the applicant’s address for service.
3. If you change your mind about whether you wish to speak at the hearing, please contact the Council by telephone on 941 8999 or by email at resourceconsentapplications@ccc.govt.nz.
4. Only those submitters who indicate that they wish to speak at the hearing will be sent a copy of the planning report.

**7. Privacy Information**

The personal information requested in the form is being collected by the Resource Consents Unit of the Christchurch City Council so that we can process your application. This information is required by the Resource Management Act 1991. This information will be held by the Council. You may ask to check and correct any of this personal information if you wish. The personal information collected will not be shared with any Units of the Council not involved in processing your application. However under the Official Information and Meetings Act 1987 this information may be made available on request to parties within and outside the Council.

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| **For Office Use Only**Received at the Office on at am / pm |