

APPLICATION FOR RESOURCE CONSENT

FORM B: SWING MOORINGS

(OUTSIDE ZONED MOORING AREAS)



NOTES

Resource use activities must meet all the conditions of any relevant Permitted Activity Rules in the Waikato Regional Plan or a resource consent from the Waikato Regional Council is required. This form will help you apply for a resource consent.

- You must fully complete this activity form and supply all the required information. Provide as much detail as you can where the questions are relevant to your activity. We request that, where possible, you provide electronic copies of any supporting information (for example, on CD). Doing so may reduce administrative costs charged to you.
- You must also supply completed forms A and C.
- You must pay the required initial deposit when you submit this consent application.**
- Failure to provide the required information and payment will delay the processing of your application. If you do not provide adequate information then we will not be able to process your application, and will return it to you. If you do not pay the required fees, we may stop processing your application until payment is received.
- Under the Marine and Coastal Area (Takutai Moana) Act 2011, an applicant for a resource consent must notify and seek the views of groups applying for Customary Marine Title (CMT) before lodging a resource consent application. See the following website for a list of CMT applicants: tearawhiti.govt.nz/te-kahui-takutai-moana-marine-and-coastal-area/

FOR OFFICE USE ONLY

File:

Client ID:

Project:

**If you need any further help,
please phone our Resource Use
staff on 0800 800 401.**

LOCATION

- 1. What is the name of the waterbody/harbour/bay surrounding or adjacent to the activity?
(if the waterbody is unnamed, then what is the nearest named waterbody)**

- 2. If known, please supply relevant map coordinates of the activity or activities, preferably as New Zealand Geodetic Datum 2000 (NZGD2000) references. These locations must also be clearly identified on the location map you have supplied with Form A.**

Latitude (S) _____ ° / _____ ° _____ ' / _____ ° _____ ' _____ . _____ "

Longitude (E) _____ ° / _____ ° _____ ' / _____ ° _____ ' _____ . _____ "

Datum (please tick):

☐ WGS 84

☐ NZGD2000

☐ NZGD1949

☐ Other: _____

DETAILS OF THE MOORING

3. Is the mooring? ☐ existing ☐ proposed

4. If this is an application for an existing mooring, when was the existing mooring installed?

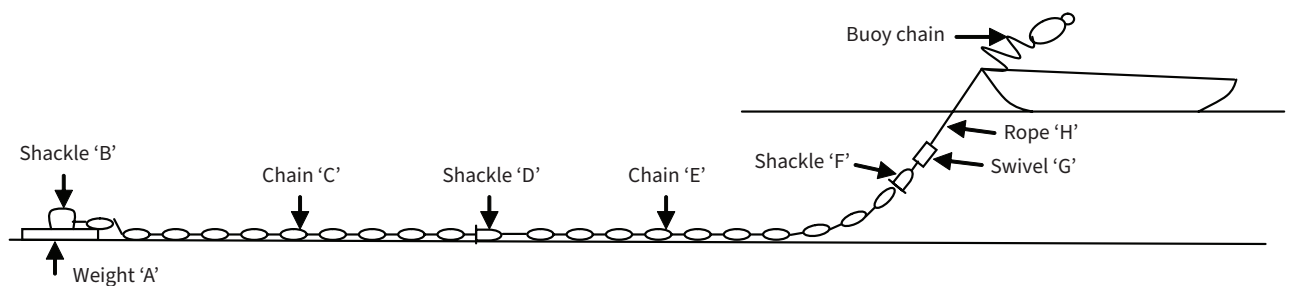
5. For a proposed mooring, outline the purpose(s) of the new mooring.

6. Is the mooring to be permanent? ☐ Yes ☐ No

7. if no, how long is it intended to be left in place, and how will it be removed?

DESCRIPTION OF ACTIVITY

8. What are the swing mooring specifications? (refer to diagram).



Weight	'A'	Size:	kg	
Chains	'C'	Length:	m	Link Diameter: mm
	'E'	Length:	m	Link Diameter: mm
Shackles	'B'			Diameter: mm
	'D'			Diameter: mm
	'F'			Diameter: mm
Swivel	'G'			Diameter: mm
Rope	'H'	Length:	m	Diameter: mm
Buoy		Colour:		Size: mm

9. Type of vessel to be moored (tick one)

☐ Yacht

☐ Launch

☐ Barge

☐ Small craft

☐ Visitor mooring

10. What is the vessel to be moored used for (tick one)

☐ Commercial

☐ Recreational

11. Vessel name _____

12. Mooring number _____

13. Length over all of vessel _____ ft _____ m

14. Beam of vessel _____ ft _____ m

15. Draft of vessel _____ ft _____ m

16. Please obtain written comment from your local harbourmaster on the effect of this mooring on navigation and safety (this may include the location of your mooring in comparison to surrounding moorings, and suitability of the vessel for your mooring structure)

17. Recommended maximum sized vessel *(to be completed by the harbourmaster)*

_____ ft _____ m

18. What alternative locations have been considered for the mooring?

19. Please describe the maintenance programme that will be undertaken to ensure the mooring is structurally sound (for example who will undertake the maintenance, using what method and how often).

20. What effects could the mooring have on the environment? (such as visual impacts, modification of natural water movement, patterns, effects of anti-fouling substances, cumulative effects with other moorings in the area).

21. What onshore effects could be generated (such as increased use of boat ramp, traffic, restriction of public access).

22. What measures would be put in place to reduce these effects?

23. Within the surrounding environment of the mooring (within 20m), are there any:

Yes No

- | | | |
|-----------------------|-----------------------|---|
| ☐ | ☐ | obvious signs of indigenous flora and fauna (such as fish eels, bullies, insect life, crayfish, aquatic plants, nesting sites, feeding grounds) |
| ☐ | ☐ | areas where food is gathered (such as fish, kaimoana) |
| ☐ | ☐ | wetlands (such as saltmarsh, mangrove or swamp like areas) |
| ☐ | ☐ | recreational activities carried out (such as swimming, fishing, canoeing, boating) |
| ☐ | ☐ | areas of particular aesthetic or scientific value (such as scenic views, archaeological sites) |
| ☐ | ☐ | areas or aspects significant to iwi |
| ☐ | ☐ | will the water quality be effected (such as sediment disturbance, discharge) |
| ☐ | ☐ | will public access to the coastal area be affected |
| ☐ | ☐ | will recreational use by the public be restricted or affected |

24. If you are unsure whether any of these exist in the vicinity, please provide a comprehensive description of the surrounding environment. A Waikato Regional Council staff member may also undertake a site inspection.

25. If you ticked yes against any areas or aspects within the surrounding environment, please describe how your proposal may affect those surroundings and the steps you have taken or will take to reduce these effects. If you ticked no against everything, please briefly outline why you believe there will be no effects from your activity.

26. Apart from those already documented, are there any other areas or aspects in proximity that may be disturbed by the activity and/or considered significant?

Identify and consult with any parties that may be potentially affected by or interested in your activity. This generally involves your immediate neighbours. It may also include local authorities, iwi and interest groups such as local recreational and care groups. If you are in doubt about who you should be talking to, then call the Waikato Regional Council's staff.

Make sure you provide everyone with sufficient information that they can fully understand what it is you want to do and how they may be affected by it. This could include a copy of this application form once it is completed and and/or any plans or maps. Make sure you make yourself available to explain the application, answer any questions and discuss options for resolving any concerns.

27. Identify the parties that may be affected by or interested in your discharge activity and consent application

Party details/relationship <i>(such as neighbour, local iwi, interest group)</i>		
Contact person		
Postal address		
Phone number/s	Home:	Business:
	Mobile:	

Party details/relationship <i>(such as neighbour, local iwi, interest group)</i>		
Contact person		
Postal address		
Phone number/s	Home:	Business:
	Mobile:	

Party details/relationship <i>(such as neighbour, local iwi, interest group)</i>		
Contact person		
Postal address		
Phone number/s	Home:	Business:
	Mobile:	

28. Other affected or interested parties

29. Provide details of your consultation

Provide details about the consultation you have undertaken, or explain why consultation was not considered necessary. If possible you should provide written comment or approval from those you have identified. A consultation form is provided at the end of this form that will help you with this. Photocopy off a separate form for each party identified. Otherwise, make sure you let us know:

- who you consulted with
- how we can contact these people
- their relationship to you (for example, neighbour, local iwi, interest group)
- any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.

FINAL CHECKLIST

30. Have you? (please tick)

- ☐ Filled in all parts of this form (Form B) that are relevant to your activity, provided all the information required, and completed and attached any other related activity forms.
- ☐ Completed and attached Forms A and C.
- ☐ Applied for any district council consents that are also required for your proposal.
- ☐ Consulted with all interested and affected parties, and included their comments and/or written approval (if possible).
- ☐ Included or paid the required deposit fee for this application.

CONSULTATION FORM

PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED

Applicant	
Description of proposal	

Person/group consulted in regard to this proposal

Name of contact person	
Name of group	
Postal address	
Street address	
Email address	
Contact number/s	phone:

Consulted party's views on the proposal (to be completed by person/group consulted)

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

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Applicant's response to views of consulted parties (to be completed by applicant)

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

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Consulted party's response to the proposal (to be completed by person/group consulted) *Please tick one only*

- ☐ I/We give my/our approval for the proposal ☐ I/We do not give my/our approval for the proposal
- ☐ I/We are not affected by this proposal

Signed _____

Date _____