

Submission form

Notice of submission under the Resource Management Act 1991 (pursuant to section 96) form 13

Notes

- A signature is not required if you are lodging your submission by electronic means.
- If you are making a submission to the Environmental Protection Agency (EPA) please use form 16B. Refer to the EPA website www.epa.govt.nz or call 0800 CALL EPA (22 55 372).
- The closing date for providing your submission to Waikato Regional Council is 20 working days after public notification or notice is served. You must also provide a copy of your submission to the applicant. This should be done as soon as possible.
- If you need any further help, please phone our Resource Use staff on **0800 800 402**.

Office use only

File no:

Consent no:

Section 1: Application details

Applicant name: _____

Description of proposal:

(Briefly describe the type of consent, and the nature and location of the activity. If the proposal is for a change or cancellation of an existing consent condition, please detail the type and location of consent, the relevant condition and the proposed change. If the application is for a transfer of a water or discharge permit, provide details of the existing activity site and, if relevant, the part of the permit proposed to be transferred.)

The specific parts of the application that this submission relates to are:

Section 2: Submitter details

We will use your email address as preferred address for service, unless you advise otherwise.

Name	Full name of submitter:
	Contact person (include designation if applicable):
Postal address	Street/RD/PO Box/Private Bag:
	Suburb:
	Town/city:
Residential address If different from postal address	Postcode:
	Street:
	Suburb:
	Town/city:
	Postcode:
Email address	

Waikato Regional Council, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240.
Phone our enquiries officer on 0800 800 402. www.waikatoregion.govt.nz

I seek the following decision from the consent authority:

(Give precise details, including the parts of the application you wish to have amended and the general nature of any conditions sought.)

Please tick either yes or no to the following options:

I/we wish to be heard in support of this submission Yes No

I/we will consider presenting a joint case at a hearing if others make a similar submission Yes No

I/we request the functions, powers and duties required to hear and decide the application/s are delegated to one or more hearing commissioners who are **not** members of Waikato Regional Council. Yes No

(A request for delegation of hearing and decision-making authority must be made in writing no later than 5 working days after the submission closing date. You may be liable to meet or contribute to the costs of the hearings commissioner or commissioners. You may not make this request in relation to an application to carry out an activity that a regional plan describes as a restricted coastal activity.)

Signature of submitter: _____ Date: _____
(or person authorised to sign on behalf of submitter)