



APPLICATION – DEEMED PERMITTED BOUNDARY ACTIVITY

- Must be a person or legal entity (limited liability company or trust)
- Full names of all trustees required
- The applicant name(s) will be the consent holder(s) responsible for the consent and any associated costs.

Applicant(s) Full Name / Company / Trust:			
Contact name for company or trust:			
Postal Address:		Post Code:	
Email Address:			
Contact Number:			

CORRESPONDENCE DETAILS

If you are acting on behalf of the applicant e.g. agent, consultant or architect please fill in you details in this section

Name & Company:			
Postal Address		Post Code:	
Email Address:			
Contact Number:			

INVOICING DETAILS

Agent <input type="checkbox"/>	Applicant <input type="checkbox"/>	Other <input type="checkbox"/>
Purchase Order Number <i>(if applicable)</i>		
<i>If the details are different, please provide the other invoicing details below</i>		
Contact Name:		
Email:		

DETAILS OF SITE

Legal description field must list legal descriptions for all sites pertaining to the application

Address/Location to which application relates:	
Legal Description:	
Property Owner Details (if different from applicant):	

INFRINGED OWNER DETAILS

Infringed Property Address:	
Affected Party Name(s) of each Infringed Owner:	

I have attached a written approval and signed plans from each owner with an infringed boundary:	<input type="checkbox"/>
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DESCRIPTION OF ACTIVITY

INFORMATION REQUIRED TO BE SUMITTED
Attach to this form any information required

Record of Title for the property (no more than 3 months old) and copies of any consent notices, covenants or any other relevant instrument	<input type="checkbox"/>
A plan or map showing the locality of the site	<input type="checkbox"/>
A site plan and elevation plan(s) at a convenient scale	<input type="checkbox"/>
Written approval of every person who may be adversely affected	<input type="checkbox"/>

PRIVACY INFORMATION

The information you have provided on this form is required so that your application can be processed under the Resource Management Act 1991 and may also be used in statistics collected and provided to the Ministry for the Environment and Invercargill City Council (ICC).

Under the Local Government Official Information and Meetings Act 1987, anyone can request to see copies of applications lodged with the Council. The Council is obliged to make available the information requested unless there are grounds under the above Act that justify withholding it. While you may request that it be withheld, the Council will make a decision following consultation with you. If the Council decides to withhold an application, or part of it, that decision can be reviewed by the Office of the Ombudsmen.

FEES INFORMATION

Section 36 of the Resource Management Act 1991 deals with administration charges and allows a local authority to levy charges that relate to, but are not limited to, carrying out its functions in relation to receiving, processing and granting of resource consents (including certificates of compliance and existing use certificates).

LIABILITY FOR PAYMENT – Please note that by signing and lodging this application form you are acknowledging that the Applicant is responsible for payment of invoices and in addition will be liable to pay all costs and expenses of debt recovery and/or legal costs incurred by ICC related to the enforcement of any debt.

APPLICATION & DECLARATION

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

If lodging this application as the Applicant:

I/we hereby represent and warrant that I am/we are aware of all of my/our obligations arising under this application including, in particular but without limitation, my/our obligations to pay all fees and administrative charges (including debt recovery and legal expenses) payable under this application as referred to within the Fees Information section.

If lodging this application as agent of the Applicant:

I/we hereby represent and warrant that I am/we are authorised to act as agent of the Applicant in respect of the completion and lodging of this application and that the Applicant is aware of all of his/her/its obligations arising under this application including, in particular but without limitation, his/her/its obligation to pay all fees and administrative charges (including debt recovery and legal expenses) payable under this application as referred to within the Fees Information section.

I hereby apply for the resource consent(s) for the Proposal described above and I certify that, to the best of my knowledge and belief, the information given in this application is complete and accurate.

Signed (by authorised agent of the Applicant)			
Full name of person lodging this form			
Firm/Company		Date:	

Address all correspondence in relation to this consent to: ResourceConsents@icc.govt.nz

Affected Person's Written Approval



SECTION 95E(3) RESOURCE MANAGEMENT ACT 1991

Please read the guide information before signing

I (full name):

being the Owner and Occupier Owner Occupier

of the property situated at (address of your property):

I have the authority to sign on behalf of all other owners occupiers of the property.

This is written approval for (describe proposed activity):

Which will be carried out at:

I understand the proposal and have seen and signed a copy of the plans and/or the supporting information.

I understand that if I give my approval, the Council cannot take into account any effect that the activity may have on me, when it considers the application.

I understand that at any time before the application is finalised, I may give notice in writing to the Council that this approval is withdrawn, under S104(4) of the Resource Management Act 1991.

If the consent authority determines that the activity is a deemed permitted boundary activity under section 87BA of the Act, your written approval cannot be withdrawn if this process is followed instead.

Signed: _____ Date: _____

Signature of person giving written approval (or person authorized to sign on behalf of person giving written approval.
(A signature is not required if you give your written approval by electronic means but the plans must be signed).

Email Address:

Contact Phone Number:

Postal Address:

Note: If signing on behalf of a trust or company please provide additional written evidence that you have signing authority.