



Form 1: Application for resource consent

(All sections must be completed in full and accompanied by the initial fixed application fee – failure to do so may result in your application not being accepted and/or returned)

Note: All information provided in your application is available to the public.

1. Location of proposed activity	Office use only:																
Describe the location of activity and/or property address	FILE REF:																
<input style="width: 30%; height: 20px;" type="text"/> Map reference: NZTM: <input style="width: 30%; height: 20px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>																
<input style="width: 30%; height: 20px;" type="text"/> Valuation reference [from rates]: <input style="width: 30%; height: 20px;" type="text"/>	Doc. No.																
Include the name of any relevant stream, river or other waterbody to which the application may relate, proximity to any well known landmark, etc. (Note: a location map is required in your activity form.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Referred to</th> <th style="width: 50%;">Int</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </tbody> </table>	Referred to	Int														
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Legal description [from rates notice] [eg, Lot 9 DP58809 Block XI]																	
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2. Description of proposed activity																	
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3. Consents from Greater Wellington – activity forms you need to fill in																	
Consent(s) being applied for. You will need to fill in an activity form for each of the following activities: Make sure you attach the forms for your activity																	
Water:	Land Use:																
Dam/Divert (Form 2a) <input type="checkbox"/>	General river/stream works (Form 6a) <input type="checkbox"/>																
Take and use surface water (Form 2b) <input type="checkbox"/>	Bore/well construction (Form 6b) <input type="checkbox"/>																
Take and use groundwater (Form 2c) <input type="checkbox"/>	Bridge/culvert/pipe (Form 6c) <input type="checkbox"/>																
Discharge to Land:	Erosion protection structures (Form 6d) <input type="checkbox"/>																
General discharges (Form 3a) <input type="checkbox"/>	Land clearing/tracking/logging soil disturbance (Form 6e) <input type="checkbox"/>																
Agricultural discharge (Form 3b) <input type="checkbox"/>	Coastal:																
On-site wastewater (Form 3c) <input type="checkbox"/>	General coastal (Form 7a) <input type="checkbox"/>																
Discharge to Water:	Boatshed (Form 7b) <input type="checkbox"/>																
General discharges (Form 4a) <input type="checkbox"/>	Swing mooring (Form 7c) <input type="checkbox"/>																
Discharge to Air:	<input type="checkbox"/>																
Air discharge (Form 5a) <input type="checkbox"/>																	

4. Applicant's details

Applicant(s) name(s) and address ie, whose name will be on the consent. Note if a private or family trust is the applicant, all the trustees are required to provide contact details and sign the application form (see 6. below)]

<input type="text"/>	T: Business	<input type="text"/>	T: Private	<input type="text"/>
<input type="text"/>	Fax:	<input type="text"/>	T: Mobile	<input type="text"/>
<input type="text"/>	Email address:	<input type="text"/>		

The applicant is the:

Owner Occupier Lessee Prospective Purchaser The Crown
Network Utility Operator Other Please specify: _____

5. Agent's details

Agent's name and address [Please note that all correspondence will be sent to the Agent as the first point of contact during the application process]

<input type="text"/>	T: Business	<input type="text"/>	T: Private	<input type="text"/>
<input type="text"/>	Fax:	<input type="text"/>	T: Mobile:	<input type="text"/>
<input type="text"/>	Email address:	<input type="text"/>		

6. Partnership/unincorporated entity details

For partnerships or unincorporated entities (such as private trusts or unincorporated bodies or societies) you **must** provide details of all authorised partners, trustees or members. Any consent granted will then include these names, and all individuals will be legally responsible for the consent and any associated costs. Should these persons change, then you must notify us.

Full name of person:	<input type="text"/>		
Status (eg, partner, trustee):	<input type="text"/>		
Address:	<input type="text"/>		
Email address:	<input type="text"/>	Phone:	<input type="text"/>
Full name of person:	<input type="text"/>		
Status (eg, partner, trustee):	<input type="text"/>		
Address:	<input type="text"/>		
Email address:	<input type="text"/>	Phone:	<input type="text"/>
Full name of person:	<input type="text"/>		
Status (eg, partner, trustee):	<input type="text"/>		
Address:	<input type="text"/>		
Email address:	<input type="text"/>	Phone:	<input type="text"/>

Include details of any further partners/trustees/members on a separate page if necessary

7. Property owner's name (if different from above)

Property owner's name and address

<input type="text"/>	T: Business	<input type="text"/>	T: Private	<input type="text"/>
<input type="text"/>	Fax:	<input type="text"/>	T: Mobile:	<input type="text"/>
<input type="text"/>	Email address:	<input type="text"/>		

If your proposed activity will take place on land not owned by the applicant, the written approval of the property owner must be provided on a **completed and signed form 1B**.

8. Consents from local authorities

Territorial authority in which land is situated:

Wellington City Council	<input type="checkbox"/>	Kapiti Coast District Council	<input type="checkbox"/>
Hutt City Council	<input type="checkbox"/>	Masterton District Council	<input type="checkbox"/>
Upper Hutt City Council	<input type="checkbox"/>	South Wairarapa District Council	<input type="checkbox"/>
Porirua City Council	<input type="checkbox"/>	Carterton District Council	<input type="checkbox"/>

Do you require any other resource consents from your local council? Yes No

If yes, please list:

Have these consents been applied for? Yes No

9. Other documentation

Please list any documents in addition to your application forms that form part of your application. Note: if multiple other documents exist, please attach a separate sheet of paper.

No other documents

Reports

Plans

Other documents

10. Consultation and written approval of affected persons

Consultation with all persons potentially affected by your activity prior to lodging your application may result in considerable time and cost savings.

Non-notified applications

Non-notified consents are for activities which have minor effects on the environment. For your activity to be considered on a non-notified basis you must consult and obtain written approval from all persons potentially affected by your activity (eg, neighbours, iwi, Fish and Game Council, Department of Conservation). If you are unsure who may be an affected party, please call us. **Non-notified consents are significantly cheaper and quicker to process.**

Limited notified and fully notified applications

Notified consents (either limited notified or fully notified consents) are for activities which do not meet requirements in the RMA for processing on a non-notified basis.

Please provide any consultation details and written approvals obtained in the space provided below.

Consultation details

Have you consulted with iwi? Yes No

If so, who did you consult?

Who else have you consulted and what was their response?

How have you addressed any concerns they may have had?

Written approval of affected parties

If you have obtained the signature of affected persons please give their details below. Please note that for us to accept the approvals **they must each complete and sign form 1B.**

Name	Address	Owner/Occupier	Contact details (phone, email etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Declaration concerning payment of fees (Billing name and address)

I/we understand that the Council may charge me/us for all costs actually and reasonably incurred in processing this application and, if granted, for any subsequent monitoring charges. Subject to my/our rights under sections 357B and 358 of the RMA to object to any costs, I/we undertake to pay all and future processing costs and monitoring costs incurred by the Council. Without limiting the Council's legal rights, if any steps, including the use of debt collectors, are necessary to recover unpaid processing costs, I/we agree to pay all costs of recovering those processing costs. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company in signing this application I/we are binding the trust, society or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Full name: Date:

Address: Signature:

Email: Phone:

Please note the name and address supplied here will be the billing address used for all invoices and annual monitoring charges (where applicable). The fees and charges are set out in the Greater Wellington "Resource Management Charging Policy".

12. Signature of applicant/agent

I/we hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct.

Full name: Date:

Signature