



**APPLICATION FOR CHANGE OR
CANCELLATION OF RESOURCE CONSENT
CONDITION
(RMA FORM 10)**

Section 127, Resource Management Act 1991

To: The Chief Executive
Central Otago District Council
PO Box 122
ALEXANDRA

I/We _____
(Full name and address of applicant)

apply for a change (or cancellation) of a condition of resource consent.

This application relates to the following resource consent: *[briefly describe the type and location of the resource consent and resource consent number]*

This application relates to the following specific condition of the resource consent:

* The proposed change is as follows: *[give details, attach on separate page/s if necessary]*

* Delete if application is to cancel the condition

I/We attach, in accordance with the Fourth Schedule of the Resource Management Act 1991, an assessment of environmental effects in the detail that corresponds with the scale and significance of the effects that a change to, or cancellation of, the activity may have on the environment.

I/We attach any information required to be included in this application by the district plan, the regional plan, the Resource Management Act 1991, or any regulations made under the Act. *[List all documents that you are attaching]*

Signature _____
(To be signed by applicant or person
authorised to sign on behalf of applicant)

Date _____

Address for service of application:

Telephone No:

Fax No:

Email:

NOTE TO APPLICANT:

An initial application deposit of \$239 is payable for an application to change or cancel a condition of resource consent. Please include this with your application.