



AFFECTED PERSONS APPROVAL

RESOURCE MANAGEMENT ACT 1991 SECTION 94

To the Manager, Planning and Environment

Applicant(s) name(s): _____

Valuation No: _____

Address of Application Site: _____

Purpose of Application: _____

I/We (Mr/Mrs/Ms): _____

On behalf of (insert name of body/company if required): _____

As the owners/occupiers of (insert address location): _____

Hereby give my/our written approval, for the purposes of Section 94 of the Resource Management Act 1991, to the Resource Consent by

I/We confirm that I/We have viewed the plans and supporting information and understand the nature/scope of the consent being sought

(An A4 copy of the plan must be signed and **attached** to this consent)

Signed: _____ Dated: _____

Phone Number: (Work) _____ (Home) _____

Fax Number: _____ Mobile Number: _____

Email: _____

I/We further understand that by signing this form the Council, when considering this application, will not consider any adverse effects of the proposal upon me/us.