## **Affected Persons Approval**



To: The Manager, Planning and Environment Central Otago District Council PO Box 122 Alexandra 9340

Applicant(s):	. ,		
Type of resource consent:			
Proposed activity:			
Location of site:			
I have sighted all the attached p	plans and supporting	g information for the a	above activity.
I hereby give unconditional app	roval for the applica	ation to be processed	without public notification.
activity may have on me, wher	n considering wheth 191) and whether t	ner this application sh	ecount any effects that the proposed nould be notified (Section 95E of the d be granted (Section 104(3) of the
TO BE COMPLETED BY THE	PERSON(S) GIVIN	G THEIR APPROVA	L
Name:			
Organisation:			
Address:			
Signature		Date	
Name:			
Organisation:			
Address:			
Signature		Date	
Checklist:			
☐ Signature of all legal owners ☐ Site and/or surequired signature		ubdivision plan with all res	☐ Elevations with all required signatures (if applicable)