## **Application for Change or Cancellation of Resource Consent Condition**



(Form 10) Section 127, Resource Management Act 1991

Post to: The Chief Executive

Central Otago District Council

PO Box 122 Alexandra 9340

Email to: resource.consents@codc.govt.nz

DETAILS OF APPL	ICANT		
Full name:			
Postal address for se	ervice of documents:		
Contact details:	Phone:	Town	Post Code
	Fax:		
	Email:		
I/We			
	(full nam	ne and address of applicant)	
apply for a change (	or cancellation) of a resour	ce consent.	
, , , , , , , , , , , , , , , , , , ,			
briefly describe the type	and location of the resource cons	eent and resource consent number)	
The application relat	es to the following specific	condition of the resource cons	ent:
·			
The proposed chang	ge is as follows:*		
		<del></del>	

<sup>\*</sup> Delete if application is to cancel the condition.

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)

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.

## Note to applicant:

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