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APPLICATION FOR DEEMED PERMITTED BOUNDARY ACTIVITY
Section 87BA, Resource Management Act 1991
Form 9A

TO: CENTRAL OTAGO DISTRICT COUNCIL

I, *(full name)* _____ of *(full address)* _____

supply the information required for a deemed permitted boundary activity under section 87BA of the Resource Management Act 1991 (the **Act**) to be undertaken at *(full legal address of the property where the boundary activity is to occur)* _____

The **description** of the activity is: _____

I attach a plan *(drawn to scale)* of the site at which the activity is to occur, showing the height, shape and location on the site of the proposed activity.

The full name and address of each owner *(other than the applicant)* of the site to which the proposed activity relates are as follows: *(list full names and addresses)* _____

The full name and address of each owner of an allotment with an infringed boundary to which the proposed activity relates as follows: *(list full names and addresses)* _____

I attach written approval and signed plan from each owner of an allotment with an infringed boundary.

Note to Applicant:

1. You must include all information required by this form. If all information is not included, the consent authority will return this to you and the correct information must be supplied before a written notice permitting your activity can be provided.
2. In order to be eligible for a deemed permitted boundary activity, the activity must meet the definition of boundary activity under section 87AAB(1) of the Act.
3. You must provide written approval from all owners of allotments with infringed boundaries under section 87BA(1) of the Act 1991.
4. If all the information required under section 87BA(1) of the Act is provided to the consent authority, the consent authority must notify you of your permitted boundary activity within 10 working days after the date on which it receives the information.
5. You must pay the charge (if any) payable to the consent authority for the deemed permitted boundary activity under the Act.
6. If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

Signed: _____ Date: _____

Email: _____ Phone: _____

Contact Person: _____

Postal Address: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CENTRAL OTAGO DISTRICT COUNCIL BY PHONING 03 440 0056