

# Written Approval For Deemed Permitted Boundary



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## (Form 8B)

### Section 87BA, Resource Management Act 1991

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

Post to: The Chief Executive  
Central Otago District Council  
PO Box 122  
Alexandra 9340

### CONTACT DETAILS OF AFFECTED PARTY

Full Name/s: *(name of person giving written approval)* \_\_\_\_\_

Address of the property *(I am the owner of the following property)*: \_\_\_\_\_

\_\_\_\_\_

The full name of all other owners of the property: *(owners of the affected property)*

\_\_\_\_\_

\_\_\_\_\_

#### I have authority to sign on behalf of all the other owners of the property:

- Yes  No other owners

Please provide documentation providing this authority.

Note: the approval of all the legal owners of the affected property may be necessary.

#### Address of the property applying for the deemed permitted boundary activity:

\_\_\_\_\_

I/We have read the description of the activity at the following property AND have seen and signed the plans attached.

### DECLARATION

- I/We have been given details of the proposal and plans to which I/we are giving written approval.
- I/We have signed each page of the plans\* in respect of this proposal.  
\*Plans need to accompany this form.
- I/We understand that by giving my/our written approval, the council will permit the applicant to undertake the activity, provided they have supplied the correct information, including all other written approvals.
- Further, I/we understand that I may not withdraw my written approval.

**Note to person signing written approval:**

1. You should only sign this form if you fully understand the proposal.
2. You should only seek expert or legal advice if you need the proposal or deemed permitted boundary activity process explained to you.
3. Conditional written approvals cannot be accepted, and written approval cannot be withdrawn once provided.
4. There is no obligation to sign this form, and no reasons need to be given.
5. If you do not sign this form, resource consent may be required for the activity and you may have the opportunity to submit on the application.
6. If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Address : \_\_\_\_\_

Contact Person: \_\_\_\_\_

If you have any questions, please contact the Central Otago District Council by phoning 03 440 0056 or email [resource.consent@codc.govt.nz](mailto:resource.consent@codc.govt.nz)