

Previous Auth. \_\_\_\_\_

Charge No. \_\_\_\_\_

APP No. \_\_\_\_\_

## Administration Form 'A'

This application is for:	
<b>A New Consent</b> Deposit of \$2,300.00	<input type="checkbox"/>
<b>A Change to an Existing Consent</b> Deposit of \$862.50	<input type="checkbox"/>
<b>A Replacement of an Expiring Consent</b> Deposit of \$2,300.00	<input type="checkbox"/>
<b>Certificate of Compliance – Domestic Wastewater</b> Deposit of \$862.50	<input type="checkbox"/>
<b>DIN exceeding – Tukituki</b> Deposit of \$1,150.00	<input type="checkbox"/>
<b>An Intensive Winter Grazing Consent</b> Deposit of \$1,150.00	<input type="checkbox"/>
<b>Gravel Extraction</b> Deposit of \$1,150.00	<input type="checkbox"/>
<b>Certificate of Compliance – All Other Activities</b> Deposit of \$1,725.00	<input type="checkbox"/>

*All fixed deposits are Inclusive of GST (GST # 051 227 875)*

**Please note:** If your consent is notified additional deposits are required. We will advise you if your application will be notified once assessed.

### INSTRUCTIONS: PLEASE READ

1. An application must consist of an Administration **Form 'A' and Form 'B'** (Technical information relevant to the type of activity being applied for).
2. Fill in all fields or write not applicable if appropriate.
3. If you have any questions, please contact our Consents Advisor on [ConsentAdvisor@hbrc.govt.nz](mailto:ConsentAdvisor@hbrc.govt.nz)
4. Maps, map references (easting & northings), legal descriptions and existing consent information can be found using Councils online map portal at [hbrc.govt.nz](http://hbrc.govt.nz) (bottom of home page, found in Useful Maps - consents)
5. A payment reference (your application number) for the required deposit will be emailed to you by the Consent Advisor upon receipt of your completed application forms. Once this reference (application number) is received you can make payment via online banking to the account below.

#### **Account BNZ - 02 0700 030 2819 00**

Please note, Council cannot create invoices for deposit payments for the lodgement of consent applications, we have however designed the front page of this form to meet all of the invoicing requirements for accounts and audits.

6. If an email address is provided all correspondence and documents will be circulated electronically.
7. **Submitting Applications:** Post, email or deliver the application along with any other supporting information to: Consent Advisor, Hawke's Bay Regional Council, Private Bag 6006, NAPIER 4142. 159 Dalton Street, Napier or via email: [ConsentAdvisor@hbrc.govt.nz](mailto:ConsentAdvisor@hbrc.govt.nz)

## 1 ADMINISTRATION DETAILS

- 1.1 If this is a Change or Replacement application, please **provide the Consent/Auth number(s)** you are wishing to replace/change \_\_\_\_\_ Or NA

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**For Replacement Applications**, do you agree that your application can be processed any time before the current expiry date: Yes

*\*Please note that if consent is granted prior to the expiry date, you agree to your existing consent being surrendered in favour of your new consent.*

- 1.2 **Number of Activities applied for:**  Single Activity  Multiple Activities

1.3 **Type of Activity(s) being applied for:**

- Bore Permit  Water Permit  Land Use Consent  
 Discharge Permit  Discharge from on-site Wastewater Systems to land  
 Forestry or woodlot  Other \_\_\_\_\_

1.4 **Applicant Details: Who will hold the Consent/ COC (The Applicant/s)?**

- Private Person(s) **Go to Q 1.5**  
 Company. **Company Name** \_\_\_\_\_ **Go to Q 1.6**  
 Trust  Partnership. **Name** \_\_\_\_\_ **Go to Q 1.5**  
 Other. **Name** \_\_\_\_\_ **Go to Q 1.5**

1.5 **Full names and contact details for all of the Private Person(s)/Trustees/Partners/Others**

**FIRST, MIDDLE and LAST names** must be provided (If no middle name, please put NMN)

**Applicant 1** \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Applicant 2** (if applicable) \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Applicant 3** (if applicable) \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Applicant 4** (if applicable) \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Applicant 5** (if applicable) \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*NB\* If more than five persons (applicants) please attach their details separately.*

1.6 **Main Applicant Contact:** \_\_\_\_\_

**Main Applicant's Postal Address**

\_\_\_\_\_ Bus/Home: \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Post Code: \_\_\_\_\_

1.7 **Agent.** This is a consultant or other person handling the application on your behalf - *leave blank if not applicable.*

Company/Name: \_\_\_\_\_ Main Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Bus/Home: \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

1.8 Who is to pay the **Application Fee / Deposit**?  Agent (Q 1.7)  The Applicant (Q 1.4)

1.9 Who is the **Final Invoice/Refund** to be sent to?  Agent (Q 1.7)  The Applicant (Q 1.4)

1.10 Who would you like the **Application Processing Correspondence** to be sent to?

Agent (Q1.7)  Main Applicant Contact (Q1.6)

1.11 **Purchase Order.** Please provide a purchase order number if you require it to be on your invoice(s).

\_\_\_\_\_

1.12 **Deposit**

Method of payment: Eftpos/Cash  Online Credit Card  Direct Deposit

## 2 SITE OF ACTIVITY DETAILS

### 2.1 Property Owner's Name & Address

Same as Applicant (*skip to Q2.2*)      Bus/Home: \_\_\_\_\_  
 \_\_\_\_\_      Mob: \_\_\_\_\_  
 \_\_\_\_\_      E-mail: \_\_\_\_\_  
 Post Code: \_\_\_\_\_

### 2.2 Location of Activity(s) (the street address of the property)

\_\_\_\_\_  
 \_\_\_\_\_

### 2.3 Legal Description of site of proposed activity(s) (Lot and DP number)

\_\_\_\_\_  
 \_\_\_\_\_

### 2.4 For water takes only: please provide the legal description(s) of the site of use (irrigation area)

\_\_\_\_\_

### 2.5 Map reference (NZTM Easting and Northing) \_\_\_\_\_

2.6 Do you have any other existing resource consents on this property?    Yes     No

If yes, Consent/AUTH no(s). \_\_\_\_\_

### 2.7 Please provide a site map clearly showing points where the activity will occur. (A Google map or

HBRC Map from hbrc.govt.nz is acceptable)      Attached

2.8 Have you received any advice from HBRC prior to lodging this application?    Yes     No

If yes, please confirm who you have received advice from and/ or list the pre-application number if known: \_\_\_\_\_

2.9 Are other consents required to undertake the activities which this application is seeking authorisation for (e.g. Building consent from TLA)    Yes     No

If Yes, Please detail: \_\_\_\_\_

Applied for  ref: \_\_\_\_\_    Or    Yet to apply

## 3 PROPERTY OWNERSHIP

Is the Applicant (**as named in Sections 1.4/1.5**) the owner of all properties that this application applies to?    Yes     No

If **No**, have you discussed the application with the property owner(s)?    Yes     No

Have the owner(s) given their approval for the application?    Yes     No

If yes, **Please have the owners fill in the approvals section below:**

**To be completed by the Property Owner – only if different from applicant:**

An application to undertake an activity on your property is being made. Please confirm your approval for the activity to occur on your property by signing below. Please ensure you have reviewed Forms A & B and/or any attached AEE document(s).

Signature of Property Owner: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full name of person who signed above.

***Signing above constitutes provision of written approval and in accordance with s95E of the RMA you will not be considered an affected party. Should you have any questions with regards to the giving of approval for this application and the implications, please contact the Council's Consents Advisor on 06 835 9200.***

Note: If the property owner has not signed above, or has not provided a separate written approval form, they may be considered an affected party.

## 4 GENERAL INFORMATION

### 4.1 Costs of Debt Recovery

It is agreed by the consent holder that it is a term of the granting of this resource consent that all costs incurred by the Council for, and incidental to, the collection of any debt relating to this resource consent, whether as an individual or as a member of a group, and charged under s36 of the Resource Management Act, shall be borne by the consent holder as a debt due to the Council, and for that purpose the Council reserves the right to produce this document in support of any claim for recovery.

### 4.2 Information held by Hawke's Bay Regional Council

Please note that all information collected and held by the Hawke's Bay Regional Council is public information under section 2 of the Local Government Official Information and Meetings Act 1987 (LGOIMA), as such any and all information may be requested by a third party. Access to information held by Council is administered in accordance with LGOIMA and the Privacy Act 1993. If you have any concerns over the disclosure of any aspect of your consent or personal/property details, either in person or electronically, you must raise your concern in writing to The Council and detail what "good reason" you believe there is for withholding information pursuant to section 7 of LGOIMA. Council will assess your request and advise you of the decision made. Please note that no person has the right of veto over any information held by Council. Council intends for all information it holds, submitted without a request for nondisclosure (as above), to be public, and accessible to any persons who requests it pursuant to LGOIMA. If you require more information on the situations that information may be provided, please contact the Council's Consents Advisor.

### 4.3 Additional Information Required

You must also complete a relevant Form 'B' – Assessment of Environmental Effects and attach to this Form A before submitting.

**Please indicate the total number of additional documents attached to this application:**

Relevant Form B:  Required

Separate AEE document(s):  or NA

Map(s):  Required

Other: \_\_\_\_\_ or NA

**4.4 Applicant's Signature**

**To be completed by the Applicant:** Application is hereby made for the consent(s) detailed in both forms A & B and any attached additional information in accordance with s88 of the RMA 1991. I/we have read the disclaimers contained herein, understood and agree to the information provided in this application. All information provided is true and correct.

Signature of applicant or authorised agent: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full name of person who signed above.

*Applications will not be processed until the required deposit is also received. Additional costs if applicable will be charged when the final cost of processing is known.*