

Office Use	
AUTH No.	_____
Charge No.	_____

Application to Extend Lapse Date

This application is for:

Extension of lapse date

Deposit of \$1,150.00

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.

1. **Resource Consent Number** _____

2. **Consent Holder Details**

Who is the current consent issued to (The Consent Holder/s):

Private Person(s) Company Trust Partnership

Company Name _____

Company Number _____ skip to Q3

Trust/Partnership Name _____

The full legal names (first, middle & last names) and **contact details** for ALL of the **Private Person(s)/Trustee/Partners** applying:

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 For Trusts & Partnerships, the full legal names and contact details of all trustees/partners are required above. If more than five persons please attach separately.*

3. **Main Contact Person** _____

4. **Applicant's postal address**

_____ Bus/Home: _____

_____ Mob: _____

_____ E-mail: _____

Post Code: _____

5. **Current lapse date** _____ **New lapse date requested** _____

6. **How long have you held this consent?** _____

7. **Describe what progress or effort has been made and continues to be made towards giving effect to the consent.** Describe what remains to be done prior to using the consent, include a timeframe for completion (continue over page or attach additional information).

If you need additional room you may attach this to your application

- You must attach evidence of any financial expenditure associated with efforts to give effect to the consent.** (this may be in the form of: receipts confirming actual recent expenditure, this may be supported by photos, quotations and other records)

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 LOGIMA 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 any 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 non disclosure (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 Councils Consents Advisor

To be completed by the Applicant:
 Application is hereby made for the lapse date extension as detailed in this form

Signature of applicant or authorised agent: _____

Name: _____ Date: _____
Please print full name of person who signed above.

A deposit must accompany the application. The application will not be processed until the deposit is received. Additional costs will be charged when the final cost of processing is known.