



Written approval of an affected party

Approval from a party who is potentially affected by a resource consent application or by an application to change resource consent conditions.

To be completed by the applicant

Name: _____

Proposal(s): _____

Location: _____

Resource consents required: _____

To be completed by the person giving their approval

Name: _____

Organisation: _____

Address: _____

Telephone: _____

I/we have sighted all relevant plans and supporting information for the above application.

I/we give approval for the activity as described by this application.

I/we understand that by signing this form Greater Wellington Regional Council:

- will not take into account any effects that the proposed application may have on me/us when deciding whether to grant or decline this application (section 104(3) of the Resource Management Act 1991)
- will consider the application on a non-notified basis if all affected persons provide their written approval (section 94(2) of the Resource Management Act 1991)

Signature: _____ Date: _____

Note: Do not sign this form if you do not understand this form or the application.

If you have any questions about the resource consent process please contact Greater Wellington, Environment Help Desk on 04 384 5708 or 06 378 2484 for activities in the Wairarapa.