

# TRANSFER FORM



Putting Northland first

## Notice of Transfer of a Resource Consent

*In Accordance with Sections 134, 135, 136 or 137 of the Resource Management Act 1991*

To: Northland Regional Council  
Private Bag 9021  
Whāngārei Mail Centre  
Whāngārei 0148

Whāngārei Office

Phone: (09) 438 4639

Fax: (09) 438 0012

Kaitiāia Office

Phone: (09) 408 6600

Ōpua Office

Phone: (09) 402 7516

Dargaville Office

Phone: (09) 439 3300

Free Phone

0800 002 004

Email

mailroom@nrc.govt.nz

Website

www.nrc.govt.nz

## Transfer of a Resource Consent from:

### PART I

Existing Consent  
Number to be  
Transferred:

*(please ensure that all consent  
numbers and subtypes are listed)*

Type of Consent:

Full Name of Existing  
Consent Holder(s),  
Registered Company  
or Trust:

*(in full eg. Albert Williams Jones  
and Mary Anne Jones)*

Address:

*(as shown on the Consent  
Document)*

### Declaration of EXISTING Consent Holder(s)

As described above, the Consent Holders interest in the consent is hereby transferred, subject to the provisions of the Resource Management Act and any relevant Consent Condition.

Signature of  
Consent Holder(s):

*(or person authorised to sign  
on behalf of the Consent  
Holder(s))*

Date:

### Important Notes for Consent Holders and Transferees:

**Transfer Fee: \$53.00** *(payable before transfer of the Resource Consent is registered)*

If the Resource Consent is jointly held by a number of parties, then **all** of the parties who jointly hold the Consent are required to sign this form (or alternatively by a person(s) authorised to sign on behalf of **all** the Consent Holders).

A transfer is not complete until the transfer fee is paid and all Consent Holders (if more than one person) have signed this Transfer Form. The existing Consent Holder(s) remain(s) fully responsible for the payment of all outstanding charges owed to the Council up until the time the transfer is made.

Most Resource Consents attract annual resource user charges based on monitoring and administration of the activity.

Transfer Resource Consent to the following NEW Consent Holder:

**PART II**

**Full Name of NEW Consent Holder(s), Registered Company or Trust:** \_\_\_\_\_  
*(in full eg. Alan Ray Smith and Sue Anne Smith)*

**Postal Address:** \_\_\_\_\_  
*(in full)*

**Residential Address:** \_\_\_\_\_  
*(if different, in full)*

|   |                    |
|---|--------------------|
| <b>Phone Number:</b><br><i>(Home)</i>     | <b>Mobile:</b>     |
| <b>Phone Number:</b><br><i>(Business)</i> | <b>Fax Number:</b> |
| <b>E-mail Address:</b>                    |                    |

**Declaration of NEW Consent Holder**

I/We have read and understood the notes on page one of this form. I/We acknowledge that the Resource Consent is to be transferred as described on this form and will comply with all conditions of the Resource Consent and accept liability for all charges associated with the Resource Consent from the date of transfer.

**Signature of New Consent Holder(s):**  
*(or person authorised to sign on behalf of the Consent Holder(s))*

**Date:**

**PART III For Company, Trust or other organisations only  
 (to also be completed if relevant)**

*Personal Details and Signatures of Trustees\*, or Officers Authorised to Sign on Behalf of, and to Bind Trusts, Societies and Unincorporated Entities:*  
 \* Private and family trusts only

**Full Name & Status:** \_\_\_\_\_  
*(Trustee, Officer etc)*

**Full Residential Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Full Name & Status:** \_\_\_\_\_  
*(Trustee, Officer etc)*

**Full Residential Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Office Use Only:** Any additional monitoring or outstanding fees to be invoiced?  Yes  No

**PART III Continuation Sheet**

*Personal Details and Signatures of Trustees\*, or Officers Authorised to Sign on Behalf of, and to Bind Trusts, Societies and Unincorporated Entities:*

*\* Private and family trusts only*

**Full Name & Status:**

*(Trustee, Officer etc)*

\_\_\_\_\_

**Full Residential Address:**

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

**Signature:**

\_\_\_\_\_

**Full Name & Status:**

*(Trustee, Officer etc)*

\_\_\_\_\_

**Full Residential Address:**

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

**Signature:**

\_\_\_\_\_

**Full Name & Status:**

*(Trustee, Officer etc)*

\_\_\_\_\_

**Full Residential Address:**

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

**Signature:**

\_\_\_\_\_

**Full Name & Status:**

*(Trustee, Officer etc)*

\_\_\_\_\_

**Full Residential Address:**

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

**Signature:**

\_\_\_\_\_