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| **FORM 13**  **SUBMISSION**  **ON APPLICATION** |  |

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|  | **Important Note:**  Please ensure that all sections of this form are completed and that the **NORTHLAND REGIONAL COUNCIL** **RECEIVES THIS SUBMISSION** before the closing date specified on the notification. |  |
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| To: | Consents Department  Northland Regional Council  Private Bag 9021  Whangārei Mail Centre  Whangārei 0148 | or: | Hand deliver to any  Northland Regional Council office  Email: info@nrc.govt.nz  Fax: 09 470 1202 |

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|  | **1. Submitter’s details** | | | | | | | | | | |
|  | **Full Name** |  | | | | | | | | |  |
|  |  | | | |  | | | |  |  |  |
|  | **Address for Service** | | | |  | | | | **Post Code** |  |  |
|  | **Email Address for Service** | | | | |  | | | | |  |
|  | **Contact Person** | | |  | | | | | | |  |
|  | **Telephone** | |  | | | | **Mobile** |  | | |  |
|  |  | | | | | | | | | |  |
|  | ***Note:*** *Upon request, we are usually required under the Local Government Official Information and Meetings Act 1987 to make all written or electronic submissions available to the public, including the name and address of the submitter. If you consider there are compelling reasons why your contact details and/or some part of your submission should be kept confidential, you should contact the Council.* | | | | | | | | | |  |
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|  | **2. Application to which submission relates** | | |  |
|  | **Name of Applicant** |  | |  |
|  | **Proposal** |  | |  |
|  | **NRC Application Number** | |  |  |
|  |  | | |  |

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|  | **3. Attendance and wish to be heard at consent hearing** | |  |
|  | I/we **do not** wish to be heard in support of my submission  *(This means that you cannot speak at the consent hearing. However, you will still retain your right to appeal any decision made by the Council.)* | |  |
|  | I/we **do** wish to be heard in support of my submission  *(This means that you wish to speak in support of your submission at the consent hearing.)* | |  |
|  | If others make a similar submission, I/we will consider presenting a joint case with them at the hearing | I/we **do** require a Te Reo interpreter at the hearing |  |
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|  | **4. General nature of submission *(tick one box)*** |  |
|  | I support the application  I oppose the application  I am neutral regarding the application |  |
|  | SUBMISSION FORM SEPTEMBER 2019 (REVISION 10) For Page 2, Please Turn Over |  |

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|  | **5. The specific parts of the application this submission relates to are:** |  |
|  | The whole application *(tick box)*, or the following parts of the application: |  |
|  |  |  |
|  | *(Attach additional sheet if necessary)* |  |
|  |  |  |

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|  | **6. My submission is *(give details):*** |  |
|  |  |  |
|  | *(Attach additional sheet if necessary)* |  |
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|  | **7. I seek the following decision from the Council** |  |
|  | To grant consent  To refuse consent |  |
|  | If Consent is granted, the conditions I seek are:  ***Note:*** *You do not have to suggest conditions, particularly if you seek that consent be refused.* |  |
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|  | *(Attach additional sheet if necessary)* |  |
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|  | **8. Hearing by Commissioner if requested by Submitter** |  |
|  | *If you tick the box below,* ***you will be required to meet or contribute to the costs*** *of the hearing commissioner or commissioners.* |  |
|  | Pursuant to section 100A of the Resource Management Act 1991, I request that you delegate your functions, powers, and duties required to hear and decide the application to one or more hearing commissioners who are not members of the Council. |  |
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|  | **9. Signature** | | | | | | | | |  |
|  | I/we have served a copy of this submission on the applicant  *(This is required by section 96(6) of the Resource Management Act 1991)* | | | | | | | | |  |
|  | Signature:\* |  |  | Date: |  | / |  | / |  |  |
|  |  | *(Person making submission, or person authorised to*  *sign on behalf of person making submission.)* |  |  | | | | | |  |
|  |  | | | | | | | | |  |
|  | ***Note:*** *\*A signature is not required if you make your submission by electronic means.* | | | | | | | | |  |