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| Central Hawke’s Bay  District Council | **APPLICATION FOR INCLUSION ONTO “NO SPRAY” REGISTER**  ***Roading Dept Telephone: (06) 857 8060***  ***CHB District Council Fax: (06) 857 7179***  ***Ruataniwha Street***  ***PO Box 127***  ***Waipawa 4240*** | | | | | | | | | | | | | **Office Use Only** | | | | |
|  | |  | | | | | | | |  | | |  | | | | | |
| Applicant: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Agent: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Property Owner: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Email: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ | | | | | |
| Postal Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Tel (Bus): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Mobile: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Fax: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Property Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Length of area (if known) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
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| **Location Plan (indicate the property and highlight the proposed area of “No Spray”)** | | | | | | | | | | | | | | | | | |  |
|  | | Comments: | | | | |  |  |  | |  |  |  | | | | |  |
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| **Terms and conditions:**  I understand by making this application that I accept / comply with following conditions: | | | | | | | | | | | | | | | | | | |
| * A **NO SPRAY ZONE** sign must be placed at each end of the no spray zone. These signs must be positioned so can be seen from the road, by the passing spraying contractor. * The NO SPRAY ZONE sign must contain the correct distance of your boundary frontage that you require no spraying * The area you require for no spraying must be kept tidy and in a weed free state at all times * The “No spray” agreement must be signed by you and Council | | | | | | | | | | | | | | | | | | |
| I hereby agree to observe and comply with all statues, regulation, Bylaws, Inclusion onto the No Spray Agreement and instructions given by Council Officers covering the conditions. | | | | | | | | | | | | | | | | | | |
| Signature of applicant or agent: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ | | | | | | | | | | | Date: | / / | |
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