



CENTRAL HAWKES BAY DISTRICT COUNCIL
RUATANIWHA STREET, PO BOX 127, WAIPAWA, 4170, NEW ZEALAND
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RM

FEE: \$350.00

RESOURCE CONSENT APPLICATION

(under the Resource Management Act 1991)

Applicants Name: _____

SITE ADDRESS

Street/Road Name: _____

Street/Rapid No: _____ Phone: _____ E-mail _____

MAILING ADDRESS (if different than above)

LEGAL DESCRIPTION

Lot No: _____ DP: _____ Section: _____ Block: _____ Survey District: _____

Valuation Roll No: _____

Description of Proposal

(Please describe your proposal in detail including the reasons for requiring this resource consent)

Signature of Applicant: _____ Date: _____

**Consent has been obtained from the following affected persons.
An Affected Persons form is to be completed by all those listed
& their signatures are to be shown on the site plan.**

(Name)

(Name)

(Name)