RM

CENTRAL HAWKES BAY DISTRICT COUNCIL
RUATANIWHA STREET, PO BOX 127, WAIPAWA, 4170, NEW ZEALAND
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EMAIL: info @chbdc.govt.nz

FEE: $850.00

SUBDIVISION CONSENT APPLICATION

(under the resource management act 1991)

Applicants Name: _____

SITE ADDRESS

Street/Road Name: _____

Street/Rapid No: _____ **Phone:** _____**Fax:** _____

MAILING ADDRESS (if different than above)

_____
_____
_____

LEGAL DESCRIPTION

Valuation Roll No: _____ **Lot No:** _____**DP:** _____

Section: _____ **Block:** _____ **Survey District:** _____

Description of Proposal
(Please descried your proposal in detail)

PLEASE ENSURE AN ACCURATE SCHEME PLAN ATTACHED.

Signature: _____ **Date:** _____