



**CENTRAL HAWKES BAY DISTRICT COUNCIL**  
RUATANIWHA STREET, PO BOX 127, WAIPAWA, 4170, NEW ZEALAND  
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**Application form (Form 9) for Resource Consent Pursuant to Section 87BA of the Resource Management Act 1991**

This form provides us with your contact details, and details about your proposed activity. Note: All information in this form is available to the public.

If you fail to complete this form and/or fail to provide all the necessary information, including the deposit fee, your application may not be accepted for processing.

# APPLICATION FOR DEEMED PERMITTED BOUNDARY ACTIVITY

(under the Resource Management Act 1991)

## 1. CONTACT DETAILS

**APPLICANT'S DETAILS**

I am the:       Property Owner                       Lessee                       Authorised Agent                       Trustee

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**OWNER'S DETAILS (If owner is not the applicant)**

Preferred means of correspondence:       Mail                       Email                       Phone                       Fax

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

**BILLING DETAILS (All invoices will be sent to the owner unless otherwise specified)**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**2. SUBJECT SITE INFORMATION**

Location of the activity and/or property address:  
\_\_\_\_\_  
\_\_\_\_\_

Valuation Number:  
\_\_\_\_\_

Legal Description:  
\_\_\_\_\_

**3. DETAILED DESCRIPTION OF THE ACTIVITY OR WORKS PROPOSED**

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

This application is for (tick all that apply):     Yards         Fences         Height in Relation to Boundary         Other

**4. INFRINGED BOUNDARY**

The name and address of each owner of a property with an infringed boundary:

Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

To satisfy the requirements of Section 87BA and Schedule 4 of the Resource Management Act 1991 (RMA), please attach the following information to your application:

I have attached plans (drawn to scale) of the site at which the activity is to occur, showing the height, shape and location on the site of the proposed activity.

I have attached the written approval(s) of all owners of the allotments with an infringed boundary to which the proposed activity relates. Note: please use Council’s Affected Persons Approval form.

## 5. SIGNATURE OF APPLICANT(S) OR AGENT

**Please read these notes before signing the application form.**

**Payment of fees and charges:**

The Council may charge the applicant for all costs actually and reasonably incurred in the processing of this application. Subject to the applicant's rights under sections 357B and 358 of the RMA to object to any costs, the applicant undertakes to pay all and future processing costs incurred by the Council. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company, in signing this application the applicant binds the trust, society or company to pay all the above costs and guarantee to pay all the above costs in their personal capacity. Refer to Council's fees and charges schedule found at: [www.chbdc.govt.nz](http://www.chbdc.govt.nz)

**Privacy information:**

The information on this form is required to be provided under the Resource Management Act 1991 and is required to process your application. This information (including your personal details) has to be made available to members of the public and the media, including business organisations. In appropriate circumstances it may also be made available to: other units in the Council, Council's approved contractors and approved agencies. Under the Privacy Act 1993 you have the right to access the personal information held about you by the Council, and you can also request that the Council correct any personal information it holds about you.

**Declaration for the applicant or authorised agent or other**

**I/we confirm that I/we have read and understood the notes above.**

**I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable application costs levied by the Central Hawkes Bay District Council.**

**Signature of the Applicant or person authorised to sign on their behalf:**

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**Date:**

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