



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

DEPOSIT:\$600
 GST Included

**APPLICATION TO CHANGE OR CANCEL
 CONDITIONS OF CONSENT**
 (Section 127, 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: _____

Original Consent Details

Please indicate whether the change/cancellation relates to a subdivision or land use and give the consent number:

Land Use Consent Subdivision Consent

Consent Number _____

Please list the conditions to which the change/cancellation relates:

