



RM

CENTRAL HAWKES BAY DISTRICT COUNCIL

RUATANIWHA STREET, PO BOX 127, WAIPAWA, 4170, NEW ZEALAND

TELEPHONE: (06) 857 8060, FAX: (06) 8577179

EMAIL: info @chbdc.govt.nz

DEPOSIT: \$1000 Gst Incl.

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 describe your proposal in detail)

PLEASE ENSURE AN ACCURATE SCHEME PLAN ATTACHED.

Signature: _____ **Date:** _____

Please note that in signing this form you consent to council officers conducting a site visit at the address provided to assess your application.