



**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

**Application form (Form 9) for Resource Consent Pursuant to Section 125 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 any fees if applicable, your application may not be accepted for processing.

# APPLICATION FOR EXTENSION OF A LAPSING PERIOD FOR A RESOURCE CONSENT

(Under the Resource Management Act 1991)

## 1. GENERAL DETAILS

The application is for an extension of time to the following Resource Consent:

**RM number:** \_\_\_\_\_

**Lapse date:** \_\_\_\_\_

## 2. 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:

**3. SUBJECT SITE INFORMATION**

Location of the activity and/or property address:

Valuation Number:

Legal Description:

Site visit information (Is there anything we need to know before making a site visit, dogs, access issues etc):

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

**5. CONSULTATION**

Have you identified anyone who you consider to likely be adversely affected by the extension of time:  Yes  No

If **yes**, please ensure any affected persons approvals are provided on our affected person's approval form which can be downloaded from our website or picked up in our office. Please note, we cannot accept affected persons approvals unless they are on the approved form and a copy of the plans must also be signed by these parties if applicable.

**6. INFORMATION TO BE SUBMITTED WITH THE APPLICATION**

Attach the following information in support of your application. If inadequate information is supplied with your application, this will cause delays in processing the application.

- A completed, signed application form including authorisation for site inspection and signed and dated by persons responsible for payment of fees and charges.
- A copy of the original resource consent decision, and approved plans.

A document detailing:

- The length of time extension sought.
- A time line of all areas of progress since the original consent was granted.
- The effect of the proposed time extension on the policies and objectives of the relevant District Plan or proposed plan.
- Further explanation, if necessary, if some persons deemed to be adversely affected have not provided their written approval (as identified in the written approvals section).

Any supporting documents/evidence showing that substantial progress or effort has been, and continues to be, made towards giving effect to the consent.

Note: This may include marketing, arranging finance, commissioning construction plans, site investigations. Also note any impediments to progress.

## 7. 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:**

---

**Date:**

---