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| Central Hawke’s Bay District Council | **APPLICATION FOR INCLUSION ONTO “NO SPRAY” REGISTER*****Roading Dept Telephone: (06) 857 8060******CHB District Council Fax: (06) 857 7179******Ruataniwha Street******PO Box 127******Waipawa 4240*** | **Office Use Only** |
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| Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Owner: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ |
| Postal Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tel (Bus): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of area (if known) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| **Location Plan (indicate the property and highlight the proposed area of “No Spray”)**  |  |
|  | Comments: |  |  |  |  |  |  |  |
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| **Terms and conditions:** I understand by making this application that I accept / comply with following conditions: |
| * A **NO SPRAY ZONE** sign must be placed at each end of the no spray zone. These signs must be positioned so can be seen from the road, by the passing spraying contractor.
* The NO SPRAY ZONE sign must contain the correct distance of your boundary frontage that you require no spraying
* The area you require for no spraying must be kept tidy and in a weed free state at all times
* The “No spray” agreement must be signed by you and Council
 |
| I hereby agree to observe and comply with all statues, regulation, Bylaws, Inclusion onto the No Spray Agreement and instructions given by Council Officers covering the conditions. |
| Signature of applicant or agent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ | Date: |  / / |
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