

CENTRAL HAWKE'S BAY DISTRICT COUNCIL Ruataniwha Street, PO Box 127, Waipawa, 4240, New Zealand Telephone: (06) 852-8060, fax: (06)857-7179 Email: info@chbdc.govt.nz www.chbdc.govt.nz

**AFFECTED PERSONS FORM** 

RM.....

#### **RESOURCE MANAGEMENT ACT 1991**

#### **Resource Consent Applicant to complete**

Full Name: Skysolar Limited	***************************************
Site Address: 189 Plantation Road, Ongaonga	
Brief Description of Proposal: Establish and operate a solar e	lectricity generation farm (solar farm)

#### Affected Persons to Complete

Full name of Person/s Signing: (please print)	aiai	nd (Second name if more than 1 owner)
Name of Trust or Company where applicable		
Address of Affected Property: 189		
I am/we are the Owner/Occupier or Own		the property.
I have the authority to sign on behalf of all th		ne) of the property.
I have authorisation to sign on behalf of the	TRUST COMPANY (tick one) on behalf	f of all Trustees/Shareholders
I/we have sighted, signed and dated the si	te plan and elevation plan(s) YES 🗹 NO 🗌	(tick one)
<ul> <li>I/we agree that we have signed the Reso of this application AND have signed each</li> <li>I/we understand that by giving my/our we potential effects of the activity on my/our such effects may occur shall not be releved consent to the application.</li> <li>Further, I/we understand that any time be notice in writing to the Council that this construct the motion of the moti</li></ul>	In Plans to which I/we are giving approval. Surce Consent Application and each page shound in page of the plans we have been shown in militen consent, the Council cannot take accound property when considering the application. The ant grounds upon which the Council may referre the determination of the application, IN consent is withdrawn, under Section 104(4) of $\sqrt{4/22}$ .	own to us in respect espect of this application. Int of any actual or The fact that any fuse to grant its We may give f the Resource
Second Signature if more than one owner	Date:	
Postal Address: 313 Wakarara	road RPZ Ongaaya	42.79
Contact Phone No: 06 8566 776		
PRIVACY INFORMATION: The information on t	his form is required so that this application can t	be processed under the Resource

PRIVACY INFORMATION: The information on this form is required so that this application can be processed under the Resource Management 1991. The information will be stored on a public register and held by the Central Hawke's Bay District Council.

Page | 1 Affected Person Form | CHBDC



CENTRAL HAWKE'S BAY DISTRICT COUNCIL Ruataniwha Street, PO Box 127, Waipawa, 4240, New Zealand Telephone: (06) 857-8060, fax: (06)857-7179 Email: info@chbdc.govt.nz www.chbdc.govt.nz

#### **AFFECTED PERSONS FORM**

RM.....

RESOURCE MANAGEMENT ACT 1991 Resource Consent Applicant to complete
Full Name: Skysolar Limited
Site Address: 189 Plantation Road, Ongaonga
Brief Description of Proposal: Establish and operate a solar electricity generation farm (solar farm)
• Print support in pair print pairs and apprent. • Print support in pair particular in the state of a state of
Affected Persons to Complete
Full name of Person/s Signing: (please print) Sandra Kaye Nicholk and
Richard John Collect A (Second name if more than 1 owner)
Name of Trust or Company where applicable:
Address of Affected Property: 1396 ONOTONOR Rd, ONOTONOTA
am/we are the Owner/Occupier or Owner or Occupier (tick where appropriate) of the property.
I have the authority to sign on behalf of all the other OWNERS 🗹 OCCUPIERS 🗌 (tick one) of the property.
I have authorisation to sign on behalf of the TRUST COMPANY (tick one) on behalf of all Trustees/Shareholders
I/we have sighted, signed and dated the site plan and elevation plan(s) YES V NO [] (tick one)
☑ I/we have been given details of the full and final proposal including a copy of the application form,
Assessment of Environmental Effects, and Plans to which I/we are giving approval.
of this application AND have signed each page of the plans we have been shown in respect of this application.
✓ I/we understand that by giving my/our written consent, the Council cannot take account of any actual or potential effects of the activity on my/our property when considering the application. The fact that any
such effects may occur shall not be relevant grounds upon which the Council may refuse to grant its /consent to the application.
V Further, I/we understand that any time before the determination of the application, I/We may give
notice in writing to the Council that this consent is withdrawn, under Section 104(4) of the Resource Management Act 1991.
Signature:
Second Signature if more than one owner the Date: 25.04.2072
Postal Address: 1396 0192010 Rd, RDZ, W21 Pausa
n(c)(12) $n(c)(1)(1)$
Contact Phone No: 06.00.00.12.2. Mobile No: 02106407.29
PRIVACY INFORMATION: The information on this form is required so that this application can be processed under the Resource Management 1991. The information will be stored on a public register and held by the Central Hawke's Bay District Council

Page | 1 Affected Person Form | CHBDC



CENTRAL HAWKE'S BAY DISTRICT COUNCIL Ruataniwha Street, PO Box 127, Waipawa, 4240, New Zealand Telephone: (06) 857-8060, fax: (06)857-7179 Email: info@chbdc.govt.nz www.chbdc.govt.nz

#### AFFECTED PERSONS FORM

R	N	Λ					•	•				•	

#### **RESOURCE MANAGEMENT ACT 1991**

**Resource Consent Applicant to complete** 

Full Name: SkySolar Ltd
Site Address: .189.Plantation Road, Ongaonga
Brief Description of Proposal: Establish and operate a solar electricity generation farm (solar farm)
Affected Persons to Complete
Full name of Person/s Signing: (please print) 20BERT BULHANAN and ARNOLD BULHANAN (Second name if more than 1 owner)
ARTOLD BULHANAN (Second name if more than 1 owner)
Name of Trust or Company where applicable: BuutANAN TRUST N°2
Address of Affected Property: 19 NELARMEN ONCLAONCLA
I am/we are the <b>Owner/Occupier</b> or <b>Owner</b> or <b>Occupier</b> (tick where appropriate) of the property.
I have the authority to sign on behalf of all the other OWNERS 🗹 OCCUPIERS 🔲 (tick one) of the property.
I have authorisation to sign on behalf of the TRUST 🗹 COMPANY 🗌 (tick one) on behalf of all Trustees/Shareholders
I/we have sighted, signed and dated the site plan and elevation plan(s) YES 🗹 NO 🗌 (tick one)
I/we have been given details of the full and final proposal including a copy of the application form, Assessment of Environmental Effects, and Plans to which I/we are giving approval.
<ul> <li>I/we agree that we have signed the Resource Consent Application and each page shown to us in respect of this application AND have signed each page of the plans we have been shown in respect of this application.</li> <li>I/we understand that by giving my/our written consent, the Council cannot take account of any actual or potential effects of the activity on my/our property when considering the application. The fact that any such effects may occur shall not be relevant grounds upon which the Council may refuse to grant its consent to the application.</li> </ul>
Further, I/we understand that any time before the determination of the application, I/We may give notice in writing to the Council that this consent is withdrawn, under Section 104(4) of the Resource Management Act 1991.
Signature: Date: 20.4.2022
Second Signature if more than one owner: Date:
Postal Address: RO BOX 4 ONGAONGA 4244
Contact Phone No:
DRIVACY INFORMATION. The information on this form is negligible of that this surglisation and he many during the December

**PRIVACY INFORMATION:** The information on this form is required so that this application can be processed under the Resource Management 1991. The information will be stored on a public register and held by the Central Hawke's Bay District Council.

Page | 1 Affected Person Form | CHBDC



CENTRAL HAWKE'S BAY DISTRICT COUNCIL Ruataniwha Street, PO Box 127, Waipawa, 4240, New Zealand Telephone: (06) 857-8060, fax: (06)857-7179 Email: info@chbdc.govt.nz www.chbdc.govt.nz

## AFFECTED PERSONS FORM

RM.....

.....

# **RESOURCE MANAGEMENT ACT 1991**

### **Resource Consent Applicant to complete**

Full Name:	
Site Address: Brief Description of Proposal:	*******
***************************************	
Affected Persons to Complete	
Full name of Person/s Signing; (please print)	
V. ()	
(Second name if more than 1 o	(nerw
Name of Trust or Company where applicable:	
Gregory Wika Trust	omene.
Address of Affected Property: Jaipulcusau RL RO3 Waipulcusau 4283	
am/we are the Owner/Occupier or Owner or Occupier (tick where appropriate) of the property.	
I have the authority to sign on behalf of all the other OWNERS OCCUPIERS (tick one) of the property.	
I have authorisation to sign on behalf of the TRUST 📝 COMPANY 🗌 (tick one) on behalf of all Trustees/Sharehold	lers
I/we have sighted, signed and dated the site plan and elevation plan(s) YES NO (tick one)	
I/we have been given details of the full and final proposal including a copy of the application form, Assessment of Environmental Effects, and Plana to unblock the application form,	
The second of the second	
I'WO GUIGE UIDLING HAVE SIGNED THE RECOURCE Concept Application and sectors	
of this application AND have signed each page of the plans we have been shown to us in respect	
of this application AND have signed each page of the plans we have been shown in respect of this application. If I/we understand that by giving my/our written consent, the Council cannot take account of any actual or potential effects of the activity on my/our property when considering the application.	
such effects may occur shall not be relevant grounds upon which the Council may refuse to grant its	
and an a short the sublidering the second se	
Further, I/we understand that any time before the determination of the application, 1000	
notice in writing to the Council that this consent is withdrawn, under Section 104(4) of the Resource	
Management Act 1991.	
Allelin-	
Management Act 1991. Signature:	
Record Sideature if more than	in the second
Date:	

### Postal Address:

\*\*\*\*\* ......

Contact Phone No: Mobile No: 027 4439401

PRIVACY INFORMATION: The information on this form is required so that this application can be processed under the Resource Management 1991. The information will be stored on a public register and held by the Central Hawke's Bay District Council. Page | 1 Affected Person Form | CHBDC