



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

RM.....

AFFECTED PERSONS FORM

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)

Affected Persons to Complete

Full name of Person/s Signing: (please print) and
Kevin John Davidson (Second name if more than 1 owner)

Name of Trust or Company where applicable: Plantation road Dairy Ltd.

Address of Affected Property: 189 Plantation rd Ongaonga

I 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 ☒ 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.
- ☒ 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.
- ☒ 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.
- ☒ 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time before the determination of the application, I/We may give notice in writing to the Council that this consent is withdrawn, under Section 104(4) of the Resource Management Act 1991.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: 6/4/22

Second Signature if more than one owner: Date:

Postal Address: 313 Wakanara road RD 2 Ongaonga 4279

Contact Phone No: 06 8566776 Mobile No: 027 2000098

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.



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AFFECTED PERSONS FORM

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)

Affected Persons to Complete

Full name of Person/s Signing: (please print) Sandra Kaye Nicholls and
Richard John Collicutt (Second name if more than 1 owner)
Name of Trust or Company where applicable:

Address of Affected Property: 1396 Ongaonga Rd, Ongaonga

I 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** ☒ **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.
- ☒ 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.
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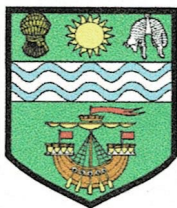
Signature: [Signature] Date: 25.04.2022

Second Signature if more than one owner: [Signature] Date: 25.04.2022

Postal Address: 1396 Ongaonga Rd, RD2, Waipawa

Contact Phone No: 06 8566732 Mobile No: 021 0670724

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AFFECTED PERSONS FORM

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) ROBERT BUCHANAN and WILLIAM ARNOLD BUCHANAN
(Second name if more than 1 owner)

Name of Trust or Company where applicable: BUCHANAN TRUST NO 2

Address of Affected Property: 19 NIARURU ONGAONGA

I 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** ☒ **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.
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Signature: [Signature] Date: 20.4.2022

Second Signature if more than one owner: Date:

Postal Address: PO BOX 4 ONGAONGA 4244

Contact Phone No: Mobile No: 027 4629716

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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)
James Gregory Wilson and
..... (Second name if more than 1 owner)

Name of Trust or Company where applicable:

Gregory Wilson Trust

Address of Affected Property:

593 Ongaonga-Waipukurua Rd RD3 Waipukurua 4283

I 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** ☒ **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.
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Signature: *J. Wilson* Date: *6/5/2022*

Second Signature if more than one owner: Date:

Postal Address:

Contact Phone No: Mobile No: *027 4439401*

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