

**Section 87BA Resource Management Act 1991**

# NOTICE of WRITTEN APPROVAL FOR PERMITTED BOUNDARY ACTIVITY

## Applicant to Complete

Consent Application Number (if known): \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Address of property to which the proposed activity relates: \_\_\_\_\_

Legal Description of property to which the proposed activity relates: \_\_\_\_\_

Full description\* of the proposed activity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* The description must cover **all aspects of the proposal** or Council may require you to amend this form and re-obtain the approvals.

Please also **ensure that a copy of all plans accompanying the application are signed by all persons who sign this form.**

Please seek advice from the Duty Planner (546 0200) if you are unsure whether this part of the form has been filled in correctly.

## Person(s) giving Approval to Complete

**Name of person(s) giving written approval:**

*(Full names of registered Owner(s))* † \_\_\_\_\_

\_\_\_\_\_

**I am / we are the owner(s) of the following property:**

*(Address of the property affected by the proposed activity)* \_\_\_\_\_

\_\_\_\_\_

† Note: "Owner" includes all trustees of any trust owning a property and all members of any Body Corporate authorised to manage a property. It will include all members of any partnership or syndicate owning the property. It will also include any person(s) or entity that has entered into an agreement to purchase or lease the property.

**Please turn over to sign this form →**

## Person(s) giving Approval to Sign

### Declaration

I have read and understood the information provided with this form.

I understand that this is written approval for an activity that is subject to a permitted boundary activity application.

I have read the description of the activity and seen and signed the plans attached.

In signing this written approval, I confirm that I understand the proposal and understand that the consent authority will permit the applicant to undertake the activity (provided they have supplied the correct information, including all other written approvals required).

I understand that I may not withdraw my written approval.

**Full Name:** \_\_\_\_\_ **Contact phone number:** \_\_\_\_\_  
(Please print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(If different from the property affected by the proposed activity)

**Full Name:** \_\_\_\_\_ **Contact phone number** \_\_\_\_\_  
(Please print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(If different from the property affected by the proposed activity)

### PLEASE NOTE:

- A copy of the plans accompanying the application must be signed by all signatories
- All owners of the subject property must sign

### If you are signing this form on behalf of other person(s) please complete the following section

I have authority to sign this form on behalf of another person(s)

- (i) Please list the full names of all other person(s) you are signing on behalf of; **AND**
- (ii) Provide signed written proof from each person you are signing on behalf of, that you have authority to sign this form on their behalf. (Note: if you are signing as a person's attorney, a copy of the Power of Attorney signed by that person must be provided.)

## Important Notes

You should only sign this form if you fully understand the proposal.

Conditional written approvals cannot be accepted, and written approvals cannot be withdrawn once provided.

There is no obligation to sign this form, and no reasons need to be given.

If you do not sign this form, resource consent may be required for the activity and you may have the opportunity to submit on the application.

If you have any queries regarding the resource consent process or the role and rights of adversely affected person(s), please contact the Duty Planner, (phone 546 0200) or seek advice from a private planning consultant or legal advisor.