Submission on

Resource Consent Application

Form 13

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Under Section 96 of the Resource Management Act 1991.

A copy of your submission must also be given to the resource consent applicant as soon as possible. All information provided in your submission is available to the public (on request).

1. Person making submission								
Name in full:								
Address:	Surname:	First Name(s)						
No.	Street/Road		Suburb					
Town/City			Postcode					
Mobile:		Other phone:						
Email:								
2. Submission on								
Application No:								
Name of applicant:								
Type of resour	ce consent applied for:							
Brief description of proposed activity:								

Te Kaunihera o Te Tairāwhiti GISBORNE DISTRICT COUNCIL

I support the application I oppose the application I am neutral to the application (neither support or oppose) Clearly state which parts of the application you support or oppose or wish to have amended:

The reasons for making my submission are (briefly describe the reasons for your views, attach further pages if necessary):

Office use only					
Received date:	Support	Oppose	W.T.B H	N.B.H	
Submission on Resource Consent Application – August 2020					Page 1 of 2
PO Box 747, Gisborne 4040 • 06 8672049 • 080	00 653 800 • not	tifiedrc@gdc.g	ovt.nz • www	v.gdc.govt.nz	GisborneDC

I wish the Gisborne District Council to make the following decision (give details, including the nature of any conditions sought):

Please tick:

I wish to speak at the hearing in support of my submissionWould you consider presenting a joint case with others who have made a similar submission?I do not wish to speak at the hearing in support of my submission

3. Signature

Signature of person making submission or person authorised to sign on behalf of submitter

Date:

Other phone:

Yes No

Postal address of person making submission (if different from previous page):

Name and phone number (if different from previous page): Contact person:

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Mobile:

Email:

Submission on Resource Consent Application – August 2020

Page 2 of 2