

# Appendix A:

**Application Form** 

# Application for Resource Consent Discharge to Water Permit

Section 88 of the Resource Management Act 1991



### About This Form

Please answer all the questions and provide the relevant details of your proposal. We recommend you talk your proposal through with our water conservation staff before you fill in this form.

1. Applicant'	s Details							
Name in full:	Surname:				First Name(s)			
Postal address		Street/Road				Suburb		
	Town/City					Postcode		
Phone:	Day				Mobile:			
Email:								
The applicant	is the: Ov	wner	Occupier	Agent / Co	onsultant			
2. Property O	wner's Detail	ls (if differer	nt from Applica	ınt)				
Name in full:	Surname:				First Name(s)			
Postal address								
	No.	Street/Road				Suburb		
	Town/City					Postcode		
Phone:	Day				Mobile:			
Email:	bdy				MODIE.			
3. Address fo	r Correspond	lence and l	Invoices					
All correspond Contact name		pices during	the application	process sha	II be sent to:			
Postal address		Street/Road				Suburb		
	140.	Sileer/Kodd				300010		
<b>F</b>	Town/City					Postcode		
Email: Email is Counc Do you agree							Yes	No
Applicant	Othe	er (give detai	ils)					
4. Activity De	etails							
Property addre	ess where the o	discharge is	to take place:					
Duration, frequ	ency and rate	e of discharg	le:					
Litres per seco		-	Hours per day*	*. •		Days per week*:		
Weeks per yea	ar*:		Months per ye	ar*:				
* in which dische	arge will occur	N/A - Se	e AEE attack	ned for d	etail			
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What is the nature of the discharge? (D	escribe in full the chemical and/or	r organic make-up of the disch	arge)		
Proposed treatment of material prior to	discharge? (Describe in full)				
rioposed rediment of material profile					
Receiving waters:					
Distance to nearest:	Dwelling	Road	Watercours	е	
Has any water sampling of the discharge Please attach any results to this applica				Yes	No

# 5. Site Plan

An accurate location and site plan must accompany this application. Please indicate position of discharge, watercourses, lake and ponds, local named roads, neighbours and other relevant features:

(extra space on back page if required)

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6.	Consultation and A	٩	proval	of Potentic	llv /	Affected	Parties

List all those people likely to be affected by this discharge proposal:

If you have consulted with	iwi groups, please	e outline who you	have consulted w	ith, and attach ar	ny relevant
correspondence:					

If you have consulted with any other relevant agencies or groups, please outline who you have consulted with, and attach any relevant correspondence:

Have you obtained written approval of all parties deemed to be potentially affected by the proposal? Have you attached completed approval forms with a copy of your plans signed by the affected people? No N/A

Yes

Please Note: Council conservation staff will determine whether any people or groups are potentially affected by your proposal. Please discuss with our conservation staff prior to lodging your application.

### 7. Notification of the Application

Are you requesting the application to be publicly notified? Please discuss the implications of notification with Council conservation staff if necessary.

8. Assessment of Environmental Effects (AEE)

Additional advice on what needs to be included in the AEE can be found in the Proposed Gisborne Regional Freshwater Plan: Schedule 19 Guidance for Resource Consent Applications.

Please note: An AEE generally requires a separate sheet/report. Please attach any additional information.

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(extra space on back page if required)

Yes

No

## 9. Signature and Declaration

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable applications costs incurred by the Gisborne District Council and to comply with the above listed requirements.

Signature of Applicant: (or agent authorised to sign on behalf of the applicant)

Date:

Print name:

### Fee Information

You will be invoiced for all costs associated with processing your consent application.

### **Privacy Information**

The information you have provided on this form is required so that your application can be processed under the RMA and statistics can be collected by Council. The information will be stored on a public register held by Council. The details may also be made available to the public on Council's website. These details are collected to inform the general public and community groups about all consents which have been issued through Council. If you would like to request access to, or correction of your details, please contact Council.

Extra space (if required)

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# Application for Resource Consent Discharge to Land Permit

Section 88 of the Resource Management Act 1991



### About This Form

Please answer all the questions and provide the relevant details of your proposal. We recommend you talk your proposal through with our water conservation staff before you fill in this form.

1. Applicant'	s Details							
Name in full:	Surname:			Fin	rst Name(s)			
Postal address	No.	Street/Road				Suburb		
	Town/City					Postcode		
Phone:	Dav				obile:			
Email:	Day			1011	ODIIC.			
The applicant	is the:	Owner	Occupier	Agent / Cons	sultant			
2. Property O	wner's De	etails (if differe	ent from Applic	ant)				
Name in full:	Surname:			Fir	rst Name(s)			
Postal address	No.	Street/Road				Suburb		
	Town/City					Postcode		
Phone:	Davi				abila			
Email:	Day			M	obile:			
3. Address fo	r Corresp	ondence and	d Invoices					
	lence and		d Invoices g the application	n process shall b	be sent to:			
All correspond	lence and :			n process shall b	be sent to:			
All correspond Contact name	lence and :			n process shall b	be sent to:	Suburb		
All correspond Contact name Postal address	lence and ::	invoices during		n process shall b	be sent to:	Suburb Postcode		
All correspond Contact name Postal address Email:	lence and No. Town/City	invoices during	g the applicatior	n process shall b	be sent to:			
All correspond Contact name Postal address	lence and No. Town/City Sill's preferre	invoices during Street/Road	g the applicatior contact.	n process shall b	be sent to:		Yes	No
All correspond Contact name Postal address Email: Email is Counc	lence and .: .: No. Town/City cil's preferre to receive	invoices during Street/Road	g the application contact. nce by email?	n process shall b	be sent to:		Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree	lence and No. Town/City to receive C	street/Road	g the application contact. nce by email?	n process shall b	be sent to:		Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree Applicant 4. Activity De	lence and .: No. Town/City cil's preferre to receive C ctails	invoices during Street/Road ed method of a corresponder Other (give det	g the application contact. nce by email?	n process shall b	be sent to:		Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree Applicant 4. Activity De	lence and :: No. Town/City cil's preferre to receive C etails ess where t	invoices during Street/Road ed method of a corresponder Other (give det the discharge i	g the application contact. nce by email? ails) is to take place:	n process shall b	be sent to:		Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree Applicant 4. Activity De Property addre	lence and No. Town/City Cil's preferre to receive Cetails ess where the Jency and	invoices during Street/Road ed method of a corresponder Other (give det the discharge i	g the application contact. nce by email? ails) is to take place:				Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree Applicant <b>4. Activity De</b> Property addre	lence and No. Town/City Cartails ess where the pency and nd:	invoices during Street/Road ed method of a corresponder Other (give det the discharge i	g the application contact. nce by email? ails) is to take place: <b>rge</b> :	γ*:		Postcode	Yes	No
All correspond Contact name Postal address Email: Email is Counc Do you agree Applicant <b>4. Activity De</b> Property addre <b>Duration, frequ</b> Litres per seco	lence and No. Town/City Control to receive Control to receive	invoices during Street/Road ed method of a corresponder Other (give det the discharge i <b>rate of discha</b> r	g the application contact. nce by email? ails) is to take place: rge: Hours per da	γ*:		Postcode	Yes	No Page 1 of 4

What is the nature of the discharge? (Describe in full the chemical and/or organic make-up of the discharge)

Proposed treatment of material prior to discharge? (Describe in full)

Distance to nearest: Dwelling Road Watercourse

### 5. Site Plan

An accurate location and site plan must accompany this application. Please indicate position of discharge, watercourses, lake and ponds, local named roads, neighbours and other relevant features:

(extra space on back page if required)

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List all those people likely to be affected by this discharge proposal:

If you have consulted with iwi groups, please outline who you have consulted with, and attach any relevant correspondence:

If you have consulted with any other relevant agencies or groups, please outline who you have consulted with, and attach any relevant correspondence:

Have you obtained written approval of all parties deemed to be potentially affected by the proposal? Have you attached completed approval forms with a copy of your plans signed by the affected people? Yes No

**Please Note:** Council conservation staff will determine whether any people or groups are potentially affected by your proposal. Please discuss with our conservation staff prior to lodging your application.

6. Notification of the Application

Are you requesting the application to be publicly notified?

No

Yes

Please discuss the implications of notification with Council conservation staff if necessary.

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### 8. Signature and Declaration

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable applications costs incurred by the Gisborne District Council and to comply with the above listed requirements.

Signature of Applicant: (or agent authorised to sign on behalf of the applicant)

16 June 2020

Jalo

Date: 16

Print name:

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Extra space (if required)

#### **OFFICE USE ONLY**

Application No.

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