

# CHANGE AND/OR CANCELLATION OF RESOURCE CONSENT CONDITION APPLICATION

## Resource Management Act 1991

To: Otorohanga District Council  
 PO Box 11 17 Maniapoto Street  
 OTOROHANGA  
 Ph: 0800 734 000 Fax: 07 873 4300

<b>Resource Consent to which this application relates:</b>	
	<i>File Number &amp; Description of Activity</i>
Street Address: _____	
Legal Description: _____	
I am the holder of the above stated Resource Consent: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>If No</b> , please state name of Consent Holder:	
Name: _____	Address: _____
I confirm that I have the Consent Holder's approval to make this application <input type="checkbox"/> Yes <input type="checkbox"/> No	

I, _____ <small style="text-align: center;">(Please state full name of applicant)</small>	
Apply for a change and /or cancellation of Condition Number(s): _____ of the abovementioned Resource Consent.	
I attach :	
<input type="checkbox"/>	<b>Application Deposit Fee - \$950 (includes GST)</b> (Note: Any costs incurred on this application will be invoiced separately on time basis. For further information see Council's Fees & Charges Schedule.
<input type="checkbox"/>	<b>Relevant supporting information</b> (e.g. amended plans etc)
<input type="checkbox"/>	An <b>Assessment of Environmental Effects</b> as per 4 <sup>th</sup> Schedule RMA 1991.

Agent's Name: _____		
Postal Address for Service: _____		
<small>(Please Print)</small>		
Phone	_____	_____
<small>Work</small>	<small>Home</small>	<small>Fax</small>