

# OUTLINE PLAN APPLICATION

## Resource Management Act 1991

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

I, _____ <i>(Please state full name of Requiring Authority)</i>
Seek Council acceptance of an Outline Plan of works :  _____
<i>(Description of Proposal)</i>
Located at : _____ <i>(Name of Facility)</i>
Street Address: _____
Area of Site : _____
Legal Description: _____
Property Owner's Name & Address if difference from above: Property Owner: _____ Postal Address: _____

I attach :
<input type="checkbox"/> <b>Application Deposit Fee - \$650 (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>Plans and information detailing:</b> <ul style="list-style-type: none"><li>▪ The height, shape, and bulk and location on the site of the public work, project or work.</li><li>▪ The likely finished contour of the site, and any existing and/or proposed landscaping.</li><li>▪ The existing and proposed vehicular access, circulation and provision for parking.</li></ul>
<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: _____ <i>(Please Print)</i>
Phone _____ <i>Work Home Fax</i>