CHANGE AND/OR CANCELLATION OF RESOURCE CONSENT CONDITION APPLICATION Resource Management Act 1991

To:	o: Otorohanga District Council		
	PO Box 11	17 Maniapoto Street	
	OTOROHANGA		
	Ph: 0800 734 0	Fax: 07 873 4300	

Reso relate	urce Consent to which this application es:					
	File Number & Description of Activity					
Street	t Address:					
Legal	Description:					
I am t	the holder of the above stated Resource Consent:					
If No, please state name of Consent Holder:						
Name	e: Address:					
I confirm that I have the Consent Holder's approval to make this application I Yes I No						
I,						
	(Please state full name of applicant)					
Apply	Apply for a change and /or cancellation of Condition Number(s):					
the abovementioned Resource Consent.						
I attach :						
	Application Deposit Fee - \$950 (includes GST) (Note: Any costs incurred on this application will be invoiced separately on time basis. For further information see Council's Fees & Charges Schedule.					
	Relevant supporting information (e.g. amended plans etc)					

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An Assessment of Environmental Effects as per 4 th Schedule RMA 1991				

Agent's Name:		
Postal Address for Service:		
	(Please Print)	
Phone		
Work	Home	Fax