



Written Consent Form
Potentially Affected Person(s)
Pursuant to Section 94 of the Resource Management Act 1991



To: The Chief Executive
 South Waikato District Council
 Private Bag 7
 Torphin Crescent
 TOKOROA 2392

Contact: Planning Section
 Telephone: (07) 885 0340
 Fax: (07) 885 0718
 Email: info@swktodc.govt.nz
 Website: www.swktodc.govt.nz

Potentially Affected Person(s)

I/We (*full names*):

Am/are the:

<input type="checkbox"/>	Owner	<input type="checkbox"/>	Occupier
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Note for the Applicant: Where different, both the property owner(s) and occupier(s) written consent must be obtained.

Address and/or Legal Description (Lot and DPS No)of the Property

Give consent to (*Name of Applicant*)

To: (*Briefly outline Proposal/ Activity*)

On the Property (*Address of Site*)

As outlined in the application and on the plans I/We have signed.

Note: Signing this written consent means that Council will not have to regard any actual or potential effects of the proposal on your or your property.
 Not signing means Council may need to deal with the proposal as a notified (publicly advertised) application.

Signature

Signature

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Date:

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