



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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AFFECTED PERSON'S APPROVAL (FORM 8A)

Approval from affected persons in respect of an application for resource consent under section 95 of the Resource Management Act 1991.

Notes to affected person(s) signing written approval:

- Conditional written approvals cannot be accepted.
- There is no obligation to sign this form, and no reasons need to be given.
- If this form is not signed, the application may be notified with an opportunity for submissions.
- If signing on behalf of a Trust or Company, please provide additional written evidence that you have signing authority.

Resource Consent Applicant's Name and/or RM

Details of Proposal

I/We hereby give written approval for the proposal to:

at the following subject site(s):

Please tick both

- I/We understand that by signing this form Council, when considering this application, will not consider any effects of the proposal upon me/us.

Information/Plans Sighted

Please tick

- I/We have sighted and initialled ALL plans dated and approve them.

Name of Plan _____

Title of Plan _____

Approval of Affected Person(s)

The written consent of ALL owners/occupiers who are affected. If the site that is affected is jointly owned, the written consent of ALL co-owners (names detailed on the title for the site) are required.

Name _____

A Contact Phone/Email Address _____

Signature _____ Date _____

Name _____

B Contact Phone/Email Address _____

Signature _____ Date _____

Name _____

C Contact Phone/Email Address _____

Signature _____ Date _____

Name _____

D Contact Phone/Email Address _____

Signature _____ Date _____

Name _____

E Contact Phone/Email Address _____

Signature _____ Date _____

Name _____

F Contact Phone/Email Address _____

Signature _____ Date _____