



Affected Person's Written Approval for Deemed Permitted Boundary Activity (as per Section 87BA of the Resource Management Act 1991)

To: General Manager
Regulatory, Planning and Policy
Kaipara District Council
Unit 6
6 Molesworth Drive
Mangawhai 0505

<i>Office use only</i>
Application Number:
Date Received:

Applicant Details - to be completed by the person requesting approval

Name/s: *(please write all names in full)* Note: Applicant must be a person or legal entity. Full name of Individual, Limited Liability Company or Trust is required.

Or Company/Trust/Organisation:

Postal Address: Postcode:

Telephone - Mobile:	Work:	Home:
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Email:

Description of activity

Record any areas of non-compliance (including rule reference)

Affected Persons Details - to be completed by the person or organisation giving approval

Name/s: *(please write all names in full)*

I am/we are the owner/s of the property located at:

Postal Address: Postcode:

Telephone Number (Day):	Mobile:
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Email:

<input type="checkbox"/>	Please tick if you have authority to sign on behalf of all other owners of the property
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This is written approval for the proposed activity that is the subject of a deemed permitted boundary activity application.

I/We have read the description of the activity and seen and signed the attached plans(s). I/We confirm that I/We understand the proposal and understand that the consent authority will permit the applicant to undertake the activity (provided they have supplied the correct information, including all other written approvals required).

I/We understand that I/We may not withdraw my/our written approval.

Declaration

Signature of Affected person

Name:

Signature

Date

Signature of Affected person

Name:

Signature

Date

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