

## **Urban Road Numbering Application Form**

| Request type (please select one)  |                  |            | New number      |    |                | Confirmation number |          |  |
|---|------------------|------------|-----------------|----|----------------|---------------------|----------|--|
| Resource consent number   |                  |            | Building conser |    | nt num         | nber                |          |  |
| Road name   |                  |            |                 |    |                |                     |          |  |
| Locality/area   |                  |            |                 |    |                |                     |          |  |
| Legal description   | Lot              |            |                 | DP |                |                     |          |  |
| Valuation number  |                  |            |                 |    | Area (approx.) |                     |          |  |
| Other details   |                  |            |                 |    |                |                     |          |  |
| Location of entrance: Vehicle access in relation to property boundary (e.g. approx. 3m from western boundary), numbers of surrounding neighbours.   |                  |            |                 |    |                |                     |          |  |
| Dwelling  | Business         | C          | Other           |    |                |                     |          |  |
| Applicant's name  |                  |            |                 |    |                |                     |          |  |
| Name of property of   | wner (if differe | nt from ab | ove)            |    |                |                     |          |  |
| Email   |                  |            |                 |    | F              | Phone               |          |  |
| Postal address  |                  |            |                 |    |                |                     | Postcode |  |
| Please scan and email completed form to <a href="mailto:council@kaipara.govt.nz">council@kaipara.govt.nz</a> or mail to Kaipara District Council, Private Bag 1001, Dargaville 0340. Once Council has received the application you will receive an invoice with payment instructions. Please refer to our <a href="mailto:fees and charges">fees and charges</a> for current costs. |                  |            |                 |    |                |                     |          |  |

| Received by | Date |  |
|-------------|------|--|
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| Document Ref: | Document Name:       | Version | QAM Author | Review Date | Page   |
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