



OFFICE USE ONLY	
RECEIVED DATE	____/____/2011
SUPPORT	OPPOSE
W.T.B H	N.B.H

# Submission on Resource Consent Application

Under Section 96 of the Resource Management Act 1991

To: Gisborne District Council  
PO Box 747  
GISBORNE 4040

## Person making submission

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Second name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Submission on

Application No: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Type of resource consent applied for: \_\_\_\_\_

Brief description of proposed activity: \_\_\_\_\_

I **support** the application       I **oppose** the application

I am **neutral** to the application (neither support or oppose)

Clearly state which parts of the application you support or oppose or wish to have amended:

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The reasons for making my submission are:

Briefly describe the reasons for your views. Attach further pages if necessary:

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Planning - n-49717 – Updated July 2011

I wish the Gisborne District Council to make the following decision  
Give details, including the nature of any conditions sought

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Please tick:

I wish to speak at the hearing in support of my submission

Would you consider presenting a joint case with others who have made a similar submission?

Yes                       No

I do not wish to speak at the hearing in support of my submission

\_\_\_\_\_ or \_\_\_\_\_  
Signature of person making submission                      Person authorised to sign on behalf of submitter

Date: \_\_\_\_\_

Postal address of person making submission (if different from above): \_\_\_\_\_

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Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(name and phone number if different from above)

**Note: A copy of your submission must also be given to the resource consent applicant as soon as possible.**

**Note: All information provided in your submission is available to the public (on request).**