

Waitakere City District Plan Submission on a Plan Change to the District Plan



Resource Management (Forms) Regulations 1991
(In accordance with Regulation 5 and Form 5 of the Resource Management (Forms Fees and Procedures) Regulations 2003)

Send to: The Chief Executive
Waitakere City Council
Private Bag 93109
Henderson
WAITAKERE CITY 1231
ATTN: Group Manager
Planning & Community Services

For more information:
Civic Centre, Waipareira Avenue
Henderson
Telephone (09) 839 0400
Facsimile (09) 836 8001

Office use only: Submission Number: _____ Date Received: _____ File Number: _____

A separate form for each notice of support or opposition is required.

Submitter Details

Name: _____
Address: _____ _____
Name of agent: (if any) _____
Address for service: (if different) _____ _____
Phone: Business: _____ Home: _____ Fax: _____

Submission Details

- Name and number of the Proposed Plan Change:

- My submission relates to these specific provisions of the Proposed Plan Change:
(continue on a separate sheet if necessary)

- My submission is that: (Give a summary of the nature of your submission. Indicate clearly whether you support or oppose the specific provisions, or if you want to have them changed. Give your reasons)

Waitakere City District Plan - Submission on a Plan Change to the District Plan (continued)

4. I/We seek the following decision from Council: (Give precise details of the changes to the Plan change that would satisfy your submission)

5. Please indicate whether you wish to be heard in support of your submission. Yes No

6. If others make a similar submission, would you be prepared to consider presenting a joint case with them at any hearing. Yes No

Signature of person making submission or Person authorised to sign on behalf of them

Signed: _____ Date: _____

Address for service of person making submission (state your full postal address)

Telephone number: _____ Fax number: _____