



Application for Change or Cancellation of Consent Conditions

Under Section 127 of the Resource Management Act 1991

Consent Number(s) (relating to the above application):

Type of Consent (relating to the above application):

Please tick the appropriate box (Consent Holder or Person Applying) where you wish all correspondence to be sent

Consent Holder: m

Full contact details of Consent Holder: Best time to contact: _____

Name(s) or company name _____

Contact person _____

Postal address _____

Contact phone number(s) _____ Fax number _____

Email address _____

Person applying for the application on behalf of the Consent Holder (eg Consultant): m

Name(s) or company name _____ Best time to contact: _____

Postal address _____

Contact phone number(s) _____ Fax number _____

Email address _____

Specify any other consents (including consent numbers) that you hold which relate to either the consent above or the property to which this application relates (eg Water Permit):

(Note: If you are changing a dairyshed consent as you are increasing cow numbers you may also be triggered or required to apply for a Water Permit)

Please note that you cannot change the expiry date under a change of consent conditions. A new resource consent application must be lodged to enable this type of change.

Details for Change

Please specify exact conditions (including condition number) you wish changed

Please continue on a separate piece of paper should you run out of room

Reason(s) for Change

Please specify why you wish the condition(s) changed and include any calculations or formulas used.

Please continue on a separate piece of paper should you run out of room

Assessment of Environmental Effect

Describe how your proposed change(s) may affect the environment and ways you can avoid, remedy or mitigate these adverse effects:

(Note: If your application relates to a dairymed this can also include whether you have more land available for the discharge.)

Please continue on a separate piece of paper should you run out of room

Affected Party Approvals

(Note: (If parties you were required to obtain approvals from affected parties during the processing of your original application please note that these approvals are likely to be required again.)

Were you required to obtain written approval from affected parties previously: Yes No

Are these approvals attached: Yes No

Deposit

A deposit is required with your application. Failure to send a deposit may result in rejection of your application. A consent application deposit amount of \$ _____ accompanies this form.

Application is hereby made for the change of consent conditions detailed in this form

Signature of Applicant: _____
(or person authorised to sign on behalf of the Applicant)

Date: _____



Consents
ISO 9001 certified

Note: An incomplete form may constitute an incomplete application which will not be able to be processed.
Ring Horizons Regional Council's Consents Team on freephone 0508 800 800 if you require assistance.