

# PROPOSED WAIKATO REGIONAL PLAN CHANGE 1 WAIKATO AND WAIPĀ RIVER CATCHMENTS



**Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipā River Catchments.**

**Important: Save this PDF to your computer before answering. If you edit the original form from this webpage, your changes will not save. Please check or update your software to allow for editing. We recommend Acrobat Reader.**

**FORM 5 Clause 6 of First Schedule, Resource Management Act 1991**

SubForm	PC12016	COVER SHEET	
FOR OFFICE USE ONLY			
		Submission Number	
Entered		Initials	
File Ref		Sheet 1 of	

## SUBMISSIONS CAN BE

<b>Mailed to</b>	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
<b>Delivered to</b>	Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton
<b>Faxed to</b>	(07) 859 0998 <i>Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses</i>
<b>Emailed to</b>	healthyivers@waikatoregion.govt.nz <i>Please Note: Submissions received by email must contain full contact details.</i>
<b>Online at</b>	www.waikatoregion.govt.nz/healthyivers
<b>We need to receive your submission by 5pm, 8 March 2017.</b>	

## YOUR NAME AND CONTACT DETAILS

Full name: Angus John & Karen Jay MacInnes  
 Full address: 54 Puarua Road North, Waitakaruru, POB Thames 3576  
 Email: gintty5@yahoo.co.nz  
 Phone: 07 8673256 Fax: 07 8673256

## ADDRESS FOR SERVICE OF SUBMITTER

Full name: Same as above  
 Address for service of person making submission: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## TRADE COMPETITION AND ADVERSE EFFECTS *(select appropriate)*

- I could /  could not gain an advantage in trade competition through this submission.
- I am /  am not directly affected by an effect of the subject matter of the submission that:
- (a) adversely effects the environment, and
  - (b) does not relate to the trade competition or the effects of trade competition.

Delete entire paragraph if you could not gain an advantage in trade competition through this submission.

**THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO**

*Please state the provision, map or page number e.g. Objective 4 or Rule 3.11.5.1 (Continue on separate sheet(s) if necessary).*

Background and explanation  
Paragraphs 1-3 under heading full achievement  
of the vision and strategy

**I SUPPORT OR OPPOSE THE ABOVE PROVISION/S**

*(Select as appropriate and continue on separate sheet(s) if necessary).*

- Support the above provisions
- Support the above provision with amendments
- Oppose the above provisions

**MY SUBMISSION IS THAT**

*Tell us the reasons why you support or oppose or wish to have the specific provisions amended. (Please continue on separate sheet(s) if necessary).*

We support a staged approach that allows farmers time to make changes that are necessary. Also there will need to be a sector neutral approach so that everything contributing to poor water quality is required to make changes.

**I SEEK THE FOLLOWING DECISION BY COUNCIL**

*(Select as appropriate and continue on separate sheet(s) if necessary).*

- Accept the above provision
- Accept the above provision with amendments as outlined
- Decline the above provision
- If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION

- I wish to speak at the hearing in support of my submissions.  
 I do not wish to speak at the hearing in support of my submissions.

**JOINT SUBMISSIONS**

- If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW

- Yes, I have attached extra sheets.  No, I have not attached extra sheets.

**SIGNATURE OF SUBMITTER**

Signature:  Date: 6-3-2017

Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information.

**PLEASE CHECK** that you have provided all of the information requested and if you are having trouble filling out this form, phone Waikato Regional Council on 0800 800 401 for help.

**ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION**

**Section number of the Plan Change:**

**Do you support or oppose the provision?**

Support     Oppose

**Submission**

**Decision Sought**

*State in summary the nature of your submission and the reasons for it.*

*State clearly the decision and/or suggested changes you want Council to make on the provision.*

**Section number of the Plan Change:**

**Do you support or oppose the provision?**

Support     Oppose

**Submission**

**Decision Sought**

*State in summary the nature of your submission and the reasons for it.*

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