

# APPLICATION FOR RESOURCE CONSENT

## FORM B: CHANGE TO CONSENT



### NOTES

You may apply to change or cancel any of your resource consent's conditions or to change a specific consent detail. You cannot change the duration (expiry date) of your resource consent. This form will help you apply for a change to your resource consent.

- You must fully complete this activity form and supply all the required information. Provide as much detail as you can where the questions are relevant to your activity. We request that, where possible, you provide electronic copies of any supporting information (for example, on CD). Doing so may reduce administrative costs charged to you.
- You must also supply completed Forms A and C.
- **You must pay the required initial deposit when you submit this consent application.**
- Failure to provide the required information and payment will delay the processing of your application. If you do not provide adequate information then we will not be able to process your application, and will return it to you. If you do not pay the required fees, we may stop processing your application until payment is received.

### FOR OFFICE USE ONLY

File:

Client ID:

Project:

**If you need any further help,  
please phone our resource use  
staff on 0800 800 402.**

### APPLICATION DETAILS

#### 1. Identify the resource consent/s to which this application relates

Consent number/s	Activity authorised

#### 2. Describe the change to your consent/s that you wish to make. Provide reasons for the proposed change.

## LOCATION

3. If known (and relevant), please supply map coordinates that relate to the proposed change, preferably as New Zealand Transverse Mercator 2000 or NZTM2000 references. These locations must also be clearly identified on any location map you have supplied with Form A.

## ASSESSMENT OF EFFECTS ON THE ENVIRONMENT

Fully complete this section. The Resource Management Act 1991 requires any application to provide information on the actual and potential effects of your proposed change on the surrounding environment and other people. You must also show how you intend to avoid, remedy and lessen these effects.

4. Describe the actual and potential effects on the environment as a result of your proposed consent change.

5. Does your activity involve the use of hazardous substance or installations?

Yes

No

If yes, describe any consequent risk to the environment

**6. Will your consent change lead to a potential increase in the nature or scale of contaminants entering the environment?**

Yes

No

If yes, describe:

Nature and scale of the discharge.

Sensitivity of the proposed receiving environment to adverse effects.

Alternative methods of discharge, including discharge into any other receiving environment.

**7. Describe any alternative methods, locations or options for carrying out the activity.**

## MONITORING AND MITIGATION

8. Describe any proposed mitigation measures to help prevent or reduce actual or potential effects. Include safeguards and contingency plans where relevant.

9. Describe any proposed monitoring for adverse effects that may arise from this consent change.

**CONSULTATION**

Identify and consult with any parties that may be potentially affected by or interested in your proposed change. This includes any people who were submitters to the granting of the original consent. It may also include current neighbours and local iwi and interest groups such as local recreational and care groups, Royal Forest and Bird Protection Society, Department of Conservation or Fish and Game. If you are in doubt about who you should be talking to, then call the Waikato Regional Council’s staff.

Make sure you provide everyone with sufficient information that they can fully understand what it is you want to do and how they may be affected by it. This could include a copy of this application form once it is completed and and/or any plans or maps. Make sure you make yourself available to explain the application, answer any questions and discuss options for resolving any concerns.

**10. Was your original consent notified?**

Yes                       No

If yes, identify the submitters to the granting of the original consent. If no, go to Question 11.

Submitter name	Issues raised

**11. Identify any other party (not submitters) who may be interested in or affected by your proposed consent change.**

Party details/relationship <i>(such as neighbour, local iwi, interest group)</i>		
Contact person		
Postal address		
Phone number/s	Home:	Business:
	Mobile:	Fax:

Party details/relationship <i>(such as neighbour, local iwi, interest group)</i>		
Contact person		
Postal address		
Phone number/s	Home:	Business:
	Mobile:	Fax:

Other affected or interested parties

**12. Provide details of your consultation**

If possible provide written comment or approval from those you have identified earlier. We have provided a consultation form at the end of this application form that will help you with this. Photocopy off a separate form for each party identified.

Otherwise please provide details about the consultation you have undertaken. Make sure you let us know:

- who you consulted with
- how we can contact these people
- their relationship to you (for example, neighbour, local iwi, interest group)
- any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.

**FINAL CHECKLIST**

**Have you? (please tick)**

- Filled in all parts of this form (Form B) that are relevant to your activity, provided all the information required, and completed and attached any other related activity forms.
- Completed and attached Forms A and C.
- Applied for any district council consents that are also required for your proposal.
- Consulted with all interested and affected parties, and included their comments and/or written approval (if possible)?
- Included or paid the application deposit fee.

# CONSULTATION FORM

**PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED**

Applicant	
Description of proposal	

## Person/group consulted in regard to this proposal

Name of contact person		
Name of group		
Street address		
Email address		
Contact number/s	phone:	fax:

## Consulted party's views on the proposal (to be completed by person/group consulted)

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

## Applicant's response to views of consulted parties (to be completed by applicant)

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

## Consulted party's response to the proposal (to be completed by person/group consulted) *Please tick one only*

- I/We give my/our approval for the proposal       I/We do not give my/our approval for the proposal  
 I/We are not affected by this proposal

Signed \_\_\_\_\_ Date \_\_\_\_\_