

To: Environmental & Regulatory Services Manager  
Horowhenua District Council  
Private Bag 4002  
LEVIN



**HOROWHENUA  
DISTRICT  
COUNCIL**

**Resource Management Act 1991  
Statement of Person(s) Actually or Potentially Affected  
by Resource Consent Application**

**PART A – TO BE COMPLETED BY THE APPLICANT: (Please use block capitals)**

Applicant's Name: \_\_\_\_\_

I have applied to the Horowhenua District Council for a resource consent to: (Describe activity)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The property to which this application relates is: (street address; legal description; locality; place name etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B – TO BE COMPLETED BY PERSON OR ORGANISATION WHO MAY BE ADVERSELY  
AFFECTED: (Please use block capitals)**

Full name of person or organisation: \_\_\_\_\_

Position (if applicable): \_\_\_\_\_

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

Postal Address (if different from above): \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

I am/We are, the owner/occupier (delete one) of the above property who may be adversely affected by this proposal.

I/We approve of the proposal

Tick appropriate box

I/We disapprove of the proposal for the following reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional page if required)*

I/We hereby acknowledge that:

1. I have been shown a copy of the above application and am satisfied that the proposal has been fully explained
2. I have been shown and have signed a copy of the site plan, or other relevant plan or drawing, which is attached (copies of the signed plans are to be lodged with the application).
3. I/We understand that the Council will not have regard to any actual or potential effect of the activity on my/our property when considering the application, unless I/we give written notice stating this approval is withdrawn, at any time before the date of the hearing (if any) or the determination of the application.

**IT IS NOT APPROPRIATE TO IMPOSE CONDITIONS ON THIS FORM.  
PLEASE ADVISE COUNCIL IMMEDIATELY IF YOU HAVE CONCERNS.**

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