

Further Submission 44: Christine Coates

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

Enter your full name

X
CHRISTINE COATES

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

X Enter your address

68/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

X Enter your day time telephone number

0277830305

Mobile:

X Enter your mobile number

0277830305

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address

NONE

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter response
Rangview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

- ☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

Please note that submissions are public information. Information on this form including your name and submission will be accessible to the media and public as part of the decision making process. Council is required to have this by the Resource Management Act 1991. Your contact details will only be used for the purpose of the Plan Change process. The information will be held by the Horowhenua District Council, 126 Oxford Street, Levin. You have the right to access the information and request its correction.

IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

b. boates

X

Name

CHRISTINE COATES

Date: **Required**

X 11 03 20 21

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 45: Hannelore Herold

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable



Full Name: Required

X
Enter your full name *Hannelore Karin Louise Herold*

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation *Rangewai Villas - owner*



Address for Service: **Required**

Enter your address

54/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode, eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

063486327

Mobile:

Enter your mobile number

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

hannelore@kinect.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

K. Herald

X

Name

Hannelore Karin Louise Herald

Date: **Required**

10 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 46: Errol & Patricia Cooper

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option) Required

- ☒ Mr
☒ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Ross Cooper
Trish Cooper.

Full Name: Required

Enter your full name ERROL ROSS COOPER

PATRICIA FRANCES COOPER.

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation Rangiora Villas - owner



Address for Service: **Required**

Enter your address

11/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

06 3688332

Mobile:

Enter your mobile number

0274507 406

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

vosscooper@kinect.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas. We would probably lose our home

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- X ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



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Declaration

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X

Signature of Submitter: **Required**

R. Cooper

P.J. Cooper

X

Name

Ross Cooper

Trish Cooper

Date: **Required**

X 11 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 47: Margaret Santarelli

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option) Required

- ☐ Mr
☒ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Margaret Theresa SANTARELLI

Full Name: Required

Enter your full name Margaret Theresa Santarelli

Name of Organisation: (if on behalf of an Organisation)

Rangewai Villas - owner



Address for Service: **Required**

X Unit 3 / 9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510
SS10

Telephone: **Required**

Enter your day time telephone number

X 06 / 3 68 ~~2124~~
7121

Mobile:

Enter your mobile number

X 022 36 33 157

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

X none

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X
- ☐ Yes
☒ No

Depends on Current Health

Do you wish to speak in support of your submission? (Select 1 option) Required

- X
- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☐ Yes

☒ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☒ Yes

☐ No

X

Sign language interpretation required? (Select 1 option)

☒ Yes

☐ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

X

Name

Margaret Theresia Santarelli

Date: Required

11032021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 48: Glenyse Reynolds

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option) Required

- X
- ☒ Mr
 - ☐ Mrs G.E REYNOLDS FAMILY TRUST
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: Required

X
Enter your full name GLENYSE ELEN REYNOLDS

Name of Organisation: (If on behalf of an Organisation)

Enter your organisation Rangiora Villas - owner



Address for Service: **Required**

X Enter your address

6/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

X Enter your day time telephone number

(06) 3678353

Mobile:

X Enter your mobile number

NIL

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address

NIL

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X
- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- X
- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

- ☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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X

Signature of Submitter: **Required**

X

Name

Glenyse E. Reynolds.

Date: Required

1 2 0 3 2 0 2 1

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 49: Norman Pearson

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- X
- ☒ Mr
 - ☐ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name:

Required

X

NORMAN PEARSON

Name of Organisation: (if on behalf of an Organisation)

Rangeview Villas - owner



Address for Service: **Required**

Enter your address

36/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

NONE

Mobile:

Enter your mobile number

021 2521590

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

norm.p@slingshot.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: Required

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: Required

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: Required Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: Required

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

- ☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes
☒ No

Submission Attachments:



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Declaration

Privacy Act 1993

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X

Signature of Submitter: Required

X

Name

N. PEARSON

Date: ☐ Required

11 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 50: Treva Wilson

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☒ Mr
 - ☐ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

Enter your full name

X
TREVIA ALBERT WILSON



Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

X Enter your address

18/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

X Enter your day time telephone number (06) 3685625

Mobile:

X Enter your mobile number

N.A.

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address

NONE

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address

PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number

04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts

Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

☒ Yes

☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

☐ Yes

☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


- ☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes
☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

Please note that submissions are public information. Information on this form including your name and submission will be accessible to the media and public as part of the decision making process. Council is required to have this by the Resource Management Act 1991. Your contact details will only be used for the purpose of the Plan Change process. The information will be held by the Horowhenua District Council, 126 Oxford Street, Levin. You have the right to access the information and request its correction.

IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required



X

Name

TREVA ALBERT WILSON

Date: Required

X 10 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 51: Mrs Rickson

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) Required

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: Required

X

Enter your full name

Rickson



Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

Enter your address

48/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

SS10

Telephone: **Required**

Enter your day time telephone number

3688637

Mobile:

Enter your mobile number

0211315741

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

None

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

Yes

No

Do you wish to speak in support of your submission? (Select 1 option) Required

Yes

No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

☐ Yes

☒ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes

☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes

☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

X

Name

Date: Required

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 52: Diane Buckley

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) Required

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: Required

X

Enter your full name

Diana Bernadette Buckley



Name of Organisation: (If on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

X Enter your address **10 / 9 Fuller Close
Levin**

Postcode: **Required**

Enter your postcode eg 5510 **5510**

Telephone: **Required**

X Enter your day time telephone number **0274624471**

Mobile:

X Enter your mobile number **0274624471**

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address **dkupper@xtra.co.nz**

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

X
☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

X
☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

☐ Yes
☒ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

X

Name

Dianar Bernadette Buckley

Date: Required

X 10 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 53: Susan McPherson

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable



Full Name: Required

Enter your full name

X Susan Mary McPherson



Name of Organisation: (if on behalf of an Organisation)

Enter your Organisation
Rangereva Villas - owner Villa 22 and Villa 51
Susan Mary McPherson
and

Walker Davey Trustee Services Limited
as Trustees of The Tarbert Trust
P.O Box 25007, Chch 8144

Address for Service: **Required**

Enter your address

X a) 51/9 Fuller Close
Levin

b) 22/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

X Same as below

Mobile:

Enter your mobile number

X 0274208805.

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

X susanmmpherson@xtra.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through
Fuller Close would have a major impact
on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details
The proposal to extend Liverpool Street through
Fuller Close should be removed from the
Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- X ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☒ Yes
☐ No

X

Sign language interpretation required? (Select 1 option)

☒ Yes
☐ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

Susan M McPherson

X

Name

Susan M McPherson

Date: **Required**

X 10 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 54: Neville & Jean Sevicke-Jones

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required

☒ Mr

☒ Mrs

☐ Miss

☐ Ms

☐ Dr

☐ Not applicable

Full Name:

Required

Enter your full name

Neville Arthur & Jean Margaret SEVICK-JONES

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

Enter your address

69/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode, eg 5510

SS10

Telephone: **Required**

Enter your daytime telephone number

022 6806211

021 1124275

Mobile:

Enter your mobile number

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

neville.k488@gmail.com

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

We

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas. It seems to us that development of Tarruna Rd west is a far better, less disruptive option.

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details
The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

X
☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

X
☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

X

Name

N A Sericke-Jones *J M Jones*
Neuile A. Sericke-Jones *Jean M Sericke-Jones*

Date: Required

11 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 55: Janice Fitzgerald

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

X

Enter your full name

Janice Fitzgerald

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

Enter your address

39/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

SS10

Telephone: **Required**

Enter your day time telephone number

06 929 66 22

Mobile:

Enter your mobile number

0210 390 647

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

Jannabel 501 @ gmail . com

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

X
☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

X
☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

X

Name

Jim Fitzgerald
11-3-2021

Date: Required

X 11 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 56: Judith Manley

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

X

Enter your full name

Indith Fitz Manley

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas 63 owner



Address for Service: **Required**

Enter your address

V.111265/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

3686042

Mobile: **Required**

Enter your mobile number

~~0211867~~ 0211364648

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

None

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes ☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☐ Yes ☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

- ☐ Yes ☒ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


- ☐ Yes ☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes ☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

Please note that submissions are public information. Information on this form including your name and submission will be accessible to the media and public as part of the decision making process. Council is required to have this by the Resource Management Act 1991. Your contact details will only be used for the purpose of the Plan Change process. The information will be held by the Horowhenua District Council, 126 Oxford Street, Levin. You have the right to access the information and request its correction.

IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

X

Name

J. J. Manley

Judith Manley

Date: Required

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 57: John & Peter Moore

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- ☒ Mr
☐ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Full Name: Required

John Morris Raymond MOORE + PETER JOSEPH MOORE

Name of Organisation: (if on behalf of an Organisation)

Rangiorua Villas - owners



Address for Service: **Required**

Enter your address

70/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode, eg 5510

SS10

Telephone: **Required**

Enter your day time telephone number

06 367 2656

Mobile:

Enter your mobile number

027 341 9485

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

edblecab@gmail.com

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details
The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

Please note that submissions are public information. Information on this form including your name and submission will be accessible to the media and public as part of the decision making process. Council is required to have this by the Resource Management Act 1991. Your contact details will only be used for the purpose of the Plan Change process. The information will be held by the Horowhenua District Council, 126 Oxford Street, Levin. You have the right to access the information and request its correction.

IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

John Moore *Peter Moore*

X

Name

John Moore *Peter Moore.*

Date: Required

1 0 0 3 2 0 2 1

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 58: Andrew & Petronella Anderson

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) Required

- X Mr
✓ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Full Name: Required

Enter your full name

ANDREW HENRY JOHN ANDERSON
PETRONELLA STEPHANINA ANDERSON.

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

Enter your address

45/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

SS10

Telephone: **Required**

Enter your day time telephone number

0273577888

Mobile:

Enter your mobile number

0273577888 / 0274234865

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

ANELLANDERSON 7@GMAIL.COM

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: Required

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: Required

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: Required Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: Required

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details
The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

X Yes
No

Do you wish to speak in support of your submission? (Select 1 option) Required

X Yes
No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

X

Name

ANDREW ANDERSON.

PETRONELLA S. ANDERSON

Date: Required

X 11 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 59: Bruce & Julie Curran

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required



Mr

B. CURRAN



Mrs

J. CURRAN



Miss



Ms



Dr



Not applicable

X

Full Name:

Required

Enter your full name

BRUCE + JULIE CURRAN

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: **Required**

X *Villa 44/9 Fuller Close*
Levin

Postcode: **Required**

Enter your postcode eg 5510
5510

Telephone: **Required**

X Enter your day time telephone number *063680799*

Mobile: *027 6314321*

X Enter your mobile number

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address
NA

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

X

Name

B. CURRAN

Date: Required

X

PP 03 20 21

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 60: Helen Chambers

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- X
- ☐ Mr
 - ☐ Mrs
 - ☒ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name:

Required

X

Enter your full name

Helen Inverdale Chambers

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangewhis Villas - owner



Address for Service: **Required**

X Enter your address

19/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

X Enter your day time telephone number

06 367 2553

Mobile:

X Enter your mobile number

N/A

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address

hchambers@xtra.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: Required

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: Required

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: Required Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: Required

Enter details of the particular parts
Everything in the submission

I am totally opposed to Proposal put forward,
Rangerview will be completely ruined.
Hb hamlin

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

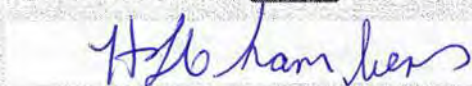
Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.


X

Signature of Submitter: Required



X

Name



Date: Required

X 10 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 61: Graham & Gillian Phelps

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- ☒ Mr
☐ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Full Name: **Required**

Enter your full name

GRIFFIN & GILLIAN PHELPS

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: ☐ Required

Enter your address

42/9 Fuller Close
Levin

Postcode: ☐ Required

Enter your postcode eg 5510

5510

Telephone: ☐ Required

Enter your daytime telephone number

063678500

Mobile:

Enter your mobile number

0276363716

Email: ☐ Required

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

gill.graham@xtra.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) ☐ Required

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangerview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

☒ Yes

☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

☒ Yes

☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

G. Phelps

J. A. Phelps

X

Name

GRAHAM GEORGE PHELPS + GILLIAN PATRICIA PHELPS

Date: Required

D D M M Y Y Y Y

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 62: Luigi Paroli

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option)

Required

- X
- ☒ Mr
☐ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

Full Name:

Required

X

Enter your full name

Lurici Innocente Paroli

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangewai Villas - owner



Address for Service: ☐ Required

Enter your address

12/9 Fuller Close
Levin

Postcode: ☐ Required

Enter your postcode eg 5510

5510

Telephone: ☐ Required

Enter your day time telephone number

06-3682226

Mobile:

Enter your mobile number

0291224329

Email: ☐ Required

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

Luigi.Paroli@gmail.com

2. Further Submitters

Select as appropriate: (Select 1 option) ☐ Required

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

- ☐ Yes
☐ No

X

Sign language interpretation required? (Select 1 option)

- ☒ Yes
☐ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

L. Parahi

X

Name

Luigi Innocent Parahi

Date: Required

X 10032021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 63: Raewyn Bassett

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☐ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

X

Enter your full name

Rae Wyn Joyce BASSETT



Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangewyn Villas - owner



Address for Service: ☐ Required

Enter your address

40 / 9 Fuller Close
Levin

Postcode: ☐ Required

Enter your postcode eg 5510

5510

Telephone: ☐ Required

Enter your daytime telephone number

06 368 8808

Mobile:

Enter your mobile number

0210785822

Email: ☐ Required

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

faewynbasset8@hotmail.com

2. Further Submitters

Select as appropriate: (Select 1 option) ☐ Required

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: **Required**

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: **Required**

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details
The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- X ☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) **Required**

- ☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


- ☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

- ☐ Yes
☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: **Required**

R. Bassett

X

Name

Raewyn Bassett

Date: Required

X 12031921

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 64: Antony Sheppard

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☒ Mr
 - ☒ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

X ANTONY JOHN & PAULINE SHEPPARD

Name of Organisation: (if on behalf of an Organisation)

Rangiorua Villas - owner



Address for Service: **Required**

Enter your address

17/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode, eg 5510

5510

Telephone: **Required**

Enter your day time telephone number

3679748

Mobile:

Enter your mobile number

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

antony.5@xtra.co.nz

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

☐ I represent a relevant aspect of the public interest.

☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: Required

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: Required

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: Required Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: Required

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter precise details
The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- X
- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- X
- ☒ Yes
☐ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



Please attach all files to the end of this form before submitting it.

Declaration

Privacy Act 1993

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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

X

Signature of Submitter: Required

A. J. Sheppard

P. Sheppard

X

Name

A. J. SHEPPARD & P. SHEPPARD

Date: **Required**

X 11 03 20 21

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 65: Bruce Smith

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

If you require further information about this process please visit www.horowhenua.govt.nz/PPC4 <http://www.horowhenua.govt.nz/ppc4>, email us at districtplan@horowhenua.govt.nz or call us on (06) 366 0999.

1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- X
- ☒ Mr
 - ☐ Mrs
 - ☐ Miss
 - ☐ Ms
 - ☐ Dr
 - ☐ Not applicable

Full Name: **Required**

X
Enter your full name **BRUCE DAVID SMITH**

Name of Organisation: (If on behalf of an Organisation)

X
Enter your organisation **Rangeview Villas - owner**



Address for Service: **Required**

X Enter your address

9/9 Fuller Close
Levin

Postcode: **Required**

Enter your postcode eg 5510

5510

Telephone: **Required**

X Enter your day time telephone number

021 452 492

Mobile:

X Enter your mobile number

021 452 492

Email: **Required**

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

X Enter your email address

Beecker Agencies @ GMAIL.COM

2. Further Submitters

Select as appropriate: (Select 1 option) **Required**

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

3. Further Submission Details

(Please state the name and address of the person who made the original submission and their submission number in the spaces below)

This is a further submission in support of or opposition to the submission of:

Submitter's Name: Required

Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: Required

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: Required Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

4. Further Submission Particulars

The particular parts of the submission I support (~~or oppose~~) are: Required

Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons

The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☒ Yes
☐ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)


☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:

 Please attach all files to the end of this form before submitting it.

Declaration

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X

Signature of Submitter: Required



X

Name



Date: Required

X 13 03 20 21

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form

Further Submission 66: Marion & Patrick Lane

Further Submission Form: Proposed Plan Change 4



Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

Further Submissions must be received by no later than 4pm on Monday, 15 March 2021.

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1. Further Submitter Contact Details

Title: (Select 1 option) **Required**

- ☒ Mr
☐ Mrs
☐ Miss
☐ Ms
☐ Dr
☐ Not applicable

PATMAR FAMILY TRUST

Full Name: **Required**

Enter your full name

MARION LETHAM HAMONT LANE

PATRICK JOHN LANE

Name of Organisation: (if on behalf of an Organisation)

Enter your organisation

Rangiorua Villas - owner



Address for Service: Required

Enter your address

5/9 Fuller Close
Levin

Postcode: Required

Enter your postcode eg 5510

5510

Telephone: Required

Enter your day time telephone number

3670392

Mobile:

Enter your mobile number

(027)6606999

Email: Required

The email address provided below will be used for sending a copy of your submitted details to and for correspondence regarding the Proposed Plan Change.

Enter your email address

NIL

2. Further Submitters

Select as appropriate: (Select 1 option) Required

- ☐ I represent a relevant aspect of the public interest.
- ☒ I have an interest in the Proposed Plan Change greater than the interest that the general public has.

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Enter the name
Rangeview Villas Body Corporate

Submitter's Address for Service: **Required**

Enter the postal address
PO Box 8015
Wellington 6143

Submission Number: **Required** Please note your submission can not be considered if you have not included the submission number of the original submission you support or oppose.

Enter the submission number
04/29

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Enter details of the particular parts
Everything in the submission

5. Further Submission Reasons

The reasons for my support ~~(or opposition)~~ are: Required

Enter the reasons
The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole ~~(or part)~~ of the submission to be allowed ~~(or disallowed)~~: Required Give precise details

Enter the precise details

The proposal to extend Liverpool Street through Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Required

- ☒ Yes
☐ No

Do you wish to speak in support of your submission? (Select 1 option) Required

- ☐ Yes
☒ No

X

If others make a similar submission would you be prepared to consider presenting a joint case at the hearing?
(Select 1 option) Required

☐ Yes
☒ No

X

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option)

☐ Yes
☒ No

X

Sign language interpretation required? (Select 1 option)

☐ Yes
☒ No

Submission Attachments:



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X

Signature of Submitter: Required

M Lane

P Lane

X

Name

MARION LETHAM LAMONT LANE PATRICK JOHN LANE

Date: Required

12 03 2021

Office Use Only

Date Received:

CM9 Number:

Submission No:

End of form

Don't forget to attach all files before submitting this form