

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) Renulred Х Мг Mrs Miss Ms Dr Not applicable Full Name: Required CHRISTINE COATES Х Enter your full name Name of Organisation: (if on behalf of an Organisation) Rangeviews Villas - owner RECEIVED 80 1 5 MAR 2021 HOROWHENUA OUNCH 10 00 8 Page 323 of 649

Address for Service: Reputed 9 Fuller Close Levin X Postcode: Required Enter ySr Store og 5510 Telephone: Required 0277830305 Enter your day time telephone number X Mobile: 0277830305 Enter your mobile number X 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. NONE Enter your email address Х 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 Rangeview Villas Body Corporate Submitter's Address for Service: Regulated EnterPeostal Blogess 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 th 04 and 9 ander

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Required 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): [Security Give precise details Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Yes

Yes

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



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

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

Yes

Yes

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



Sign language interpretation required? (Select 1 option)

Submission Attachments:

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

Declaration

Privacy Act 1993

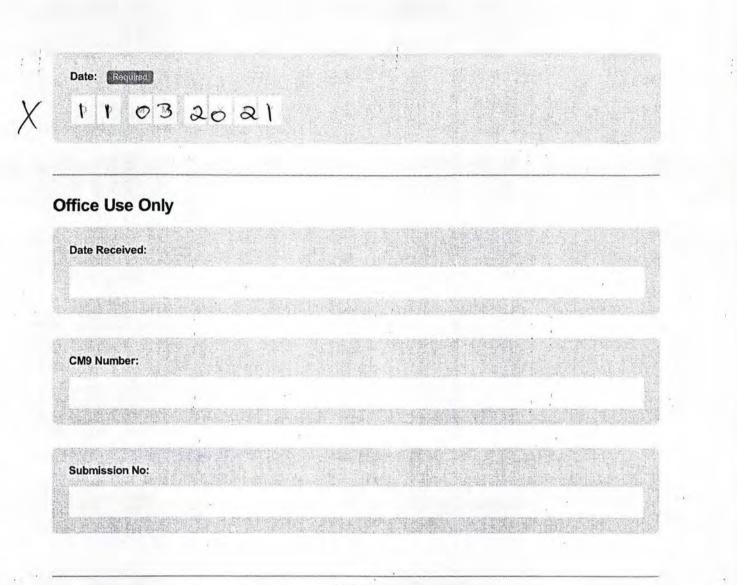
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Signature of Submitter: Required

6. boates. Name CHRISTINE COATES

Page 327 of 649



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Further Submission 45: Hannelore Herold

Further Submission Form: Proposed Plan Change 4

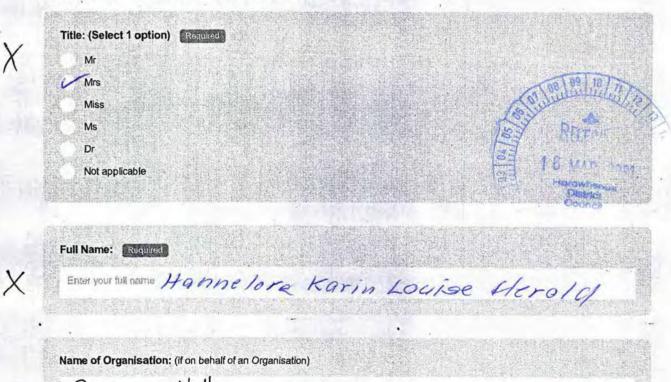


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1. Further Submitter Contact Details



Rangeviews Villas - owner



Address for Service: Repured Levin X Enter gout Postcode: Required Enter ySr State eg 5510 Telephone: Required E Or Gur By De Stelline 3 mp 7 X Mobile: 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. Enter your emell address hannelore Okinect.co.NZ X 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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4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: 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 EnterThe 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)

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

•

Yes No

VYes No



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



Ves No

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

No

Yes



Sign language interpretation required? (Select 1 option)

Submission Attachments:

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Signature of Submitter: Required

A Alerald

Name

Hannelore Karin Louise Herold

Date: Required X I O O B 2 O 2 I

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Date Received:

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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 VMr Ross Cooper VMrs Trish Cooper. X Miss Ms Dr Not applicable Full Name: Required Enter your tuil name ERROL Ross Cooper X PATRicia FRANCES Cooper. Name of Organisation: (if on behalf of an Organisation) Rangeviews Villas - owner RECEIVED 1 5 MAR 2021 HOROWHENUA DISTRICT COUNCIL 10 00 01

Address for Service: Reputed Enter volugado/es9 Fuller Close Levin X Postcode: Required Enter y St Sto eg 5510 Telephone: Required 06 3688332 Enter your day time telephone number X Mobile: 0274507 406 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. vosscooper@kinect.co.nz X Enter your small address 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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Submitter's Name: Required Rangeview Villes Body Corporate Submitter's Address for Service: Recuired EnterPeostal Biotress 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.

4. Further Submission Particulars

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

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5. Further Submission Reasons

The reasons for my support (or opposition) are: Fuller Close would have a major impact on Rangeview Villas. We would probably Lose our

6. Further Submission Decision Sought

I seek the whole (or part) of the submission to be allowed (or disallowed): [Renoved] Give precise details Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

Yes

✓ Yes No

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

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

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

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



Yes No

Sign language interpretation required? (Select 1 option)

Submission Attachments:

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

Declaration

Yes No

Privacy Act 1993

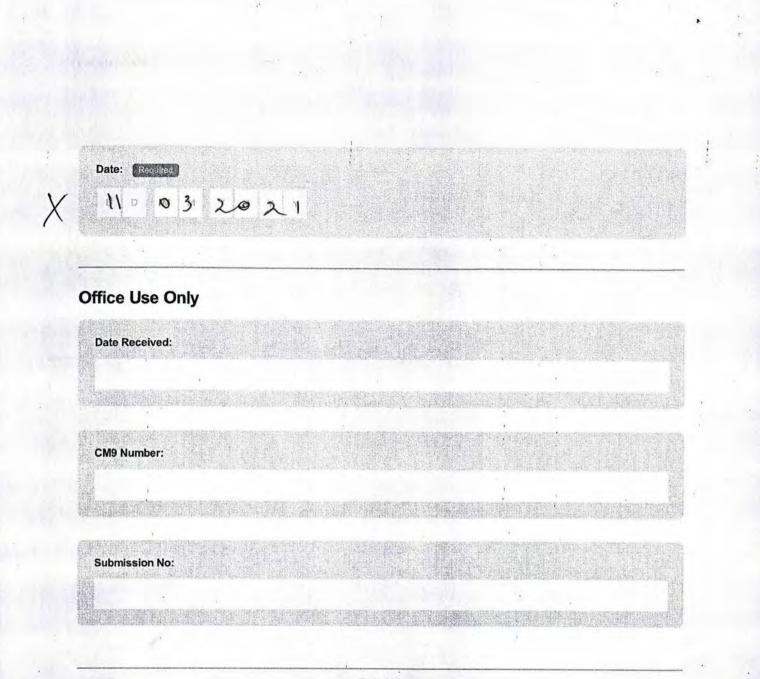
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Signature of Submitter: Required

P.J. Goope Trish Cooper.

Ebbooper Name Ross Cooper



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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 X Margaret Theresia SANTARELLI Mr Mrs Miss Ms Dr Not applicable Full Name: Required Enter your full name Margaret Theresia Santarells Name of Organisation: (if on behalf of an Organisation) Rangeones Villas - owner 1 5 MAR 2021 8 HOROWHENUA OUNCI 10 00

Address for Service: Reputed X Unitater vor add and Fuller Close Levin Postcode: Required Enter y State og 5510 Telephone: Required 3682124 Enter your day time telephone ny the X Mobile: 0223633157 Enter your mobile number X 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.

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5. Further Submission Reasons

The reasons for my support (or opposition) are: Fuller Close would have a Major impact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole (er part) of the submission to be allowed (or disallowed): Required Give precise details Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

No

No

Do you wish to attend the Council hearing for the Proposed Plan Change? (Select 1 option) Yes Repends on Charrent Headth



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

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



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



No

No

Yes

Sign language interpretation required? (Select 1 option)



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Declaration

Privacy Act 1993

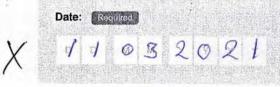
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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

Signature of Submitter: Require Dant arelle

Name

Margaret Theresia Santavelli



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Date Received:

CM9 Number:

Submission No:

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Further Submission 48: Glenyse Reynolds

Further Submission Form: Proposed Plan Change 4



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1. Further Submitter Contact Details

Title: (Select 1 option) Required Χ Mr G.E. REYNOLDS FAMILY TRUST Mrs Miss Ms Dr Not applicable Full Name: Required X orowhenu GLENYSE ELLEN REYNOLDS Enter your full name strice Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner RECEIVED 90 1 5 MAR 2021 HOROWHENUA DISTRICT COUNCIL 10 00

Address for Service: Required 9 Fuller Close X Levin Postcode: Required Enter y 5 510 eg 5510 Telephone: Required Enter your day time telephone number (06) 3678353 X 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. 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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Submitter's Name: Required Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Bidgess 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 th 04 s 2 9 mber

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: Required Entertaining the regular 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 (erpart) of the submission to be allowed (or disallowed): Reutrant 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

V Yes

V Yes

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

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

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

V Yes

Yes

Yes

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



Sign language interpretation required? (Select 1 option)

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.

Signature of Submitter: Required

Name

Glenyce E: Reynolds.

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Further Submission 49: Norman Pearson

Further Submission Form: Proposed Plan Change 4



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1. Further Submitter Contact Details

X

Title: (Select 1 option) Reduced M Mrs Miss Ms Dr Not applicable Full Name: Required X ENNORMAN PEARSON Name of Organisation: (if on behalf of an Organisation) Rangeurus Villas - owner MAR 2021

Address for Service: Reputed 9 Fuller Close X Enta volr add Levin Postcode: Required Enter ySr Sto og 5510 Telephone: Required NO NEay lime telephone number X Mobile: EntOR hobig 521 590 X 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. Morm. poslingshot.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)

Page 359 of 649

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Submitter's Name: Required -Rangeview Villas Body Corporate Submitter's Address for Service: Required Enterproster 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 4 panber

4. Further Submission Particulars

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

Yes No

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

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

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

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



Yes

Yes

Sign language interpretation required? (Select 1 option)

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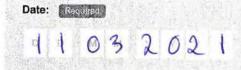
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Signature of Submitter: Required

Teas

N. PEARSON

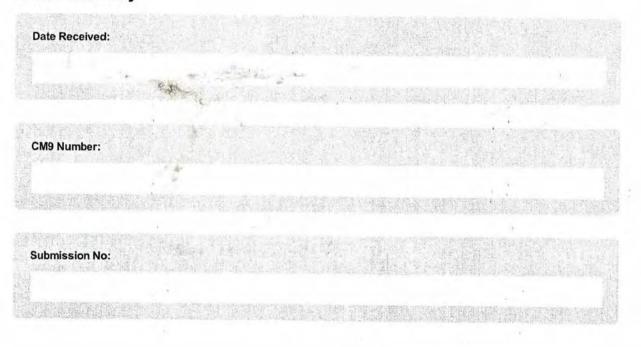
Name



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Further Submission 50: Treva Wilson

Further Submission Form: Proposed Plan Change 4



DISTRICT COUNCIL

10 00 EZ

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1. Further Submitter Contact Details

Χ

Title: (Select 1 option) Renured √ Mr Mrs Miss Ms Dr Not applicable Full Name: Required Enter your full name TREVA ALIZERT WILSON Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner 5 MAR 2021

Address for Service: Referred 9 Fuller Close X Levin Postcode: Required Enter y 5 5 5 10 eg 5510 Telephone: Required Enter your day time telephone number (06) 3685625 X 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. NONE Enter your email address 2. Further Submitters Select as appropriate: (Select 1 option) Requires 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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4. Further Submission Particulars

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5. Further Submission Reasons

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6. Further Submission Decision Sought

I seek the whole (er 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

Yes

Yes No

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

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

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

X

X

Sign language interpretation required? (Select 1 option)

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

Yes

Yes

Yes

Submission Attachments:

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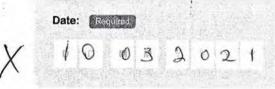
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Signature of Submitter: Required

Name

TREVA ALBERY WILSON

JA Wilson



Office Use Only

Date Received:

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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

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Address for Service: Reputed 9 Fuller Close X voia add Levin Postcode: Required Enter y 5 540 eg 5510 Telephone: Recourse 3688637 Enter your day time telephone number X Mobile: 02:1131574 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. None Enter your email address X 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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5. Further Submission Reasons

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6. Further Submission Decision Sought

I seek the whole (or part) of the submission to be allowed (or disallowed): [Serviced] 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)



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

No

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

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



Yes

Yes

Yes

Sign language interpretation required? (Select 1 option)



Submission Attachments:

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

Declaration

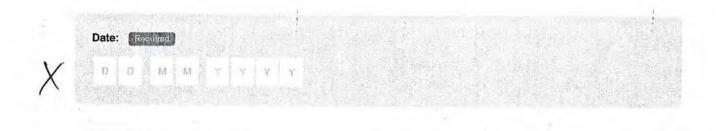
Privacy Act 1993

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.

Signature of Submitter: Required

Name



· · · . .

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Date Received:

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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) Renuled X Mr Mrs Miss Ms Dr Not applicable Full Name: Required Diana Bernadette Buckley X Enter your full name Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner 8 1 5 MAR 2021 OWHENUA 00

Address for Service: 9 Fuller Close X Levin Postcode: Required Enter 9 55 5th 0 eg 5510 Telephone: Required 0274624471 Enter your day time telephone number X Mobile: Enter your mobile number 027462447 Х 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, dKupperadetra. co. NZ Enter your email address 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 Rangeview Villes Body Corporate Submitter's Address for Service: Required EnterPeostal Bidgess 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 th 04 h 2 9 mber

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: The extension of Liverpool Street through Fuller Close would have a Major inspace on Rangeview Villas

6. Further Submission Decision Sought

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

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



Yes No

Yes

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

4

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

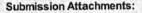
Yes

Yes

Yes



Sign language interpretation required? (Select 1 option)



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

Declaration

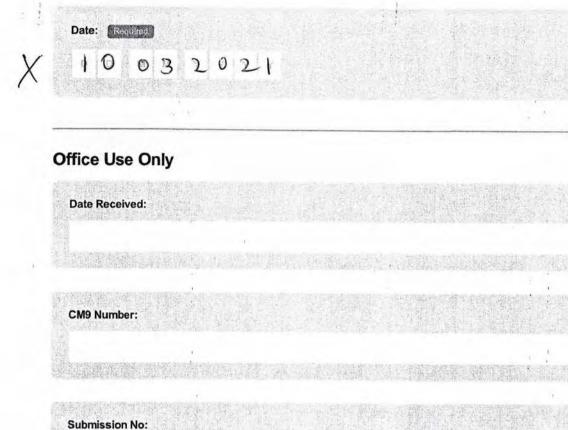
Privacy Act 1993

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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.

Signature of Submitter: Required

Name Diana Bernadelle Buckley



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.

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1. Further Submitter Contact Details

Title: (Select 1 option) Required RECEIVED Mr / Mrs 5 MAR 2021 Miss HOROWHENUA DISTRICT Ms Dr Not applicable Full Name: Required Susan Mary McPherson Х Enter your full name 23 Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner Uilla 22 and Uilla 51 Susan Mary Mc Pherson and Walker Javey Trustee Services himsked as Trustees of The Toubert Trust. P.O Box 25007, Chch 8144.

Address for Service: X a) Sugadog Fuller Close Levin b) 22/9 Fuller Close Postcode: Required Enter y 5 5th 0 eg 5510 Telephone: Required Some as below Enter your day time telephone number X Mobile: 0274208805. 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. susanmapherson@xtva.co.nz. Enter your small address 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 Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Bidgess 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 though the gramber

4. Further Submission Particulars

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

Enterenithenticular the the submission

5. Further Submission Reasons

The reasons for my support (or opposition) are: Fuller Close would have a Major inspace on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole (er part) of the submission to be allowed (or disallowed): [Renticed] Give precise details EnterThe 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)

Yes No

V Yes

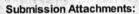
Do you wish to speak in support of your submission? (Select 1 option)

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

Yes

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

Sign language interpretation required? (Select 1 option)



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

Declaration

Privacy Act 1993

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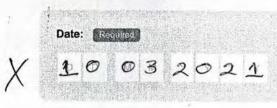
IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

Signature of Submitter: Required

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Susan M MCPherson

Name



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Submission No:	Salarda (A. 1997)		

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Further Submission 54: Neville & Jean Sevicke-Jones

Further Submission Form: Proposed Plan Change 4



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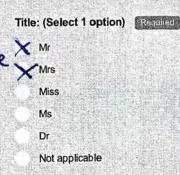
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Resource Management Act 1991: Form 6 of Resource Management (Forms, Fees, Procedure) Regulations 2003

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1. Further Submitter Contact Details



Full Name: Required

X

Neville Arthur i Jean Mourgaret SEVICKE-JONES

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

Rangeviews Villas - owner

Address for Service: Resulted 9 Fuller Close Levin X Postcode: Required Enter y Sr Stor og 5510 Telephone: Required big yr dev me telephone number X 021 1124275 Mobile: Enter your mobile number Х 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. neville. 184882 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 Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPOStal Bidgess 8015 Wellington 6143 Submission Number: Reputer 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 th 041 s 2 9 mber

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: The extension of Liverpool Street through Fuller Close would have a major impact on Rangeview Villas. It sums to us that develop. ment of Tarania 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): Give precise details 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)



No

Yes / No

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

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

Would you like to make your verbal submission in Te Reo Māori? (Select 1 option) Yes No

Yes × No

Yes No

Sign language interpretation required? (Select 1 option)

Submission Attachments:

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

Declaration

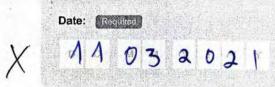
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IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

Signature of Submitter: Resurces NA levike-Jones Name Neville A. Sevike-Jones Jea onos - 11-120-Jones m

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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 your full name X Fitzgerald **Underla** Name of Organisation: (if on behalf of an Organisation) Rangeorius Villas - owner 13 RECEIVED 06 07 1 5 MAR 2021 HOROWHENUA DISTRICT COUNCIL

10 00

Address for Service: Renured 9 Fuller Close X Levin Postcode: Required Enter y 55 5th 0 eg 5510 Telephone: Required Entersour day time delenhous number 6 22 X Mobile: Enter your mobile number 90 647 Х 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. 501 0 gmoiil. com se 1 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: Renured Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Blogess 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 th 04 1 eg 9 miber

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: Required Enterent 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 inspace on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole (or part) of the submission to be allowed (or disallowed): 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)



Ves No

Yes

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

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

V Yes

Yes

Yes



Sign language interpretation required? (Select 1 option)

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



Submission Attachments:

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

Declaration

Privacy Act 1993

Name

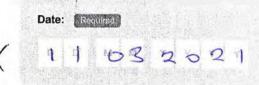
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ts gerald

Signature of Submitter:

Х



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Date Received:

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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.

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 M Mrs Miss Ms Dr Not applicable Full Name: Required Judith Fizy Manley Enter your full name Name of Organisation: (if on behalf of an Organisation) Rangevins Villas 63 owner



Address for Service: Required Levin X Postcode: Required Enter ySr Studio eg 5510 Telephone: Required 3686042 Enter your day time telephone number X 0211364648 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. None Enter your email address 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. v

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 Rangeview Villes Body Corporate Submitter's Address for Service: Required EnterPeostal Bidress 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 th 041 s 2 9 mber

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Required 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): Rentired Give precise details Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

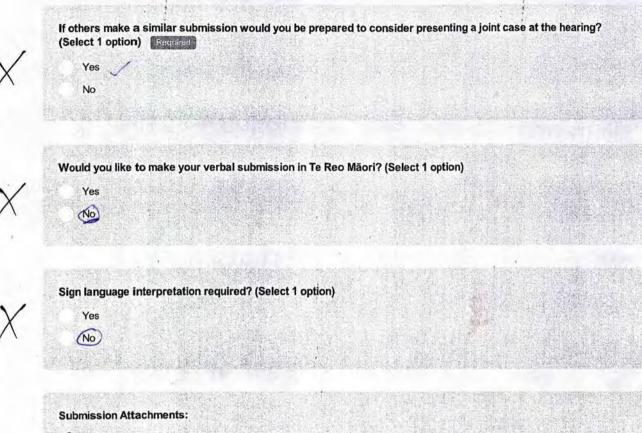
Please indicate your preferences below

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

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

Yes

Yes ~



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.

Signature of Submitter: Required X JJ Manley X Judith Manley

Date: Require				
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Submission No:

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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

X

Title: (Select 1 option) Rendered 1 Mr Mrs Miss Ms Dr Not applicable Full Name: Required Forman Morris Raymond MODRE + PETER JOSEPH MOORE Name of Organisation: (if on behalf of an Organisation) Rangeviews Villas - owners 1 5 MAR 2021 HOROWHENUA COUNCIL 10 00 87

Address for Service: Required 9 Fuller Close X Levin Postcode: Required Enter 3 5 5 10 eg 5510 Telephone: Required Enter your fay time Bellon nun20656 X Mobile: Enter yoon2019 numb341 9485 Х 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. Endble Caber mail.com X 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 Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Blogess 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 th 04 an 9 9 miber

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Required Fuller Close would have a Major inipact 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 Fuller Close should be removed from the Plan Change Proposal

7. Proposed Plan Change Hearing

Please indicate your preferences below

No

Yes No

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

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

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



Would you like to make your verbal submission in Te Reo Māori? (Select 1 option) Yes / No

Yes No

Sign language interpretation required? (Select 1 option)

Yes No

Submission Attachments:

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

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.

Signature of Submitter: Required

Name

gNone DMoon me John Moore Reter Moore.

Date: Required

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Date Received:		
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Further Submission 58: Andrew & Petronella Anderson

Further Submission Form: Proposed Plan Change 4



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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

Χ

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Not applicable

Full Name: Required

Enter your full name ANDREW HENRY JOHN ANDERSON

PETRONELLA STEPHANCINA ANDERSON.

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

Rangeview Villas - owner

Address for Service: Resured 9 Fuller Close X Levin Postcode: Required Enter y 5 5400 eg 5510 Telephone: Required Enter your day time telephone number @273577888 X Mobile: 0273577888 / 0274234865 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. Enter your email address ANIELLANDERSON 7@ GMAIL. COM X 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 Rangeview Villes Body Corporate Submitter's Address for Service: Required EnterPeostal Blogess 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 th 04n s 2 9mber

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Fuller Close would have a Major inipact on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole (or part) of the submission to be allowed (or disallowed): 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)

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

X Yes No

Y Yes No If others make a similar submission would you be prepared to consider presenting a joint case at the hearing? (Select 1 option)



Yes X No

X Yes No

Sign language interpretation required? (Select 1 option)

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

Yes X No

Submission Attachments:

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

Declaration

Privacy Act 1993

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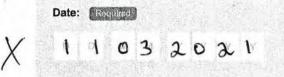
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Signature of Submitter: Required

Name

X ANDREW ANDERSON. PETRONELLA. S. ANDERSON

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Office Use Only

Date Received:

CM9 Number:

Submission No:

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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

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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

Full Name: Required

Χ

X

BRUCE + JULIE CURRAN Enter your full name

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

Rangeones Villas - owner



Address for Service: Repurse Fuller Close X VILLA " Levin Postcode: Required Enter y 5 5to 0 eg 5510 Telephone: Required Enter your day time telephone number 063680799 X 027 631 4321 Mobile: 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. address Enter your ep 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 Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Biotess 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 4n son quiber

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: Requires Enterenithing the submission

5. Further Submission Reasons

The reasons for my support (or opposition) are: 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): Removed 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)

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

Yes No If others make a similar submission would you be prepared to consider presenting a joint case at the hearing? (Select 1 option)

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



V No

Yes

Yes

Yes

Sign language interpretation required? (Select 1 option)

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.

Signature of Submitter: Required

CURRAN.

Name

Office Use Only

Date: Required

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Date Received:

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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.

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) Renuled Χ Mr Mrs Miss Ms Dr Not applicable Full Name: Required Horownen stop Enter your full name Helen Inverdale Chamberg X Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner CEIVE 1 5 MAR 2021 90 HOROWHENUA DISTRIC 10 00

Address for Service: Renured 9 Fuller Close X Levin Postcode: Required Enter y 5 510 0 0 5510 Telephone: Requires Enter your day time telephore6umb=3672553 X Mobile: Enter your mobile number NA X 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 hchambers@xtra.co.nz Enter your email address 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)

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Submitter's Name: Required Rangeview Villas Body Corporate

Submitter's Address for Service:

EnterPeostal Bloress 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 Apple D Qumber

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: Required Enternithenticular the the submission I an totally opposed to Proposal put forward, Rangeview will be completely ruined. All homber

5. Further Submission Reasons

The reasons for my support (or opposition) are: Required 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): [Sentence] 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)

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

Yes

VYes No If others make a similar submission would you be prepared to consider presenting a joint case at the hearing? (Select 1 option) Region

X

Sign language interpretation required? (Select 1 option)

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

Yes

V Yes

Yes

Submission Attachments:

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Declaration

Privacy Act 1993

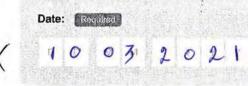
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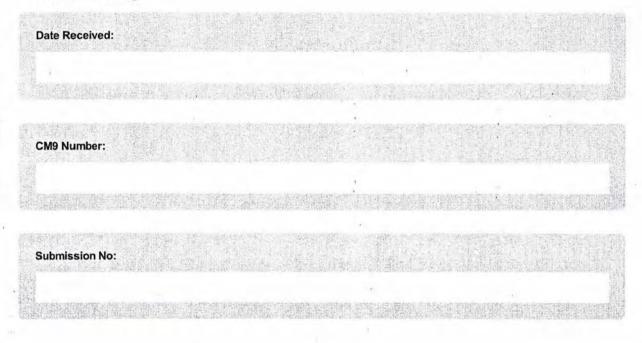
Signature of Submitter: Required

Name

Helen Inverdale Chambers



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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

Х

Title: (Select 1 option) Resulted Mr Mrs Miss Ms Dr Not applicable Full Name: Required 23 X Enter yourfull name V CILLIAN PHELPS Name of Organisation: (if on behalf of an Organisation) Rangeview Villas - owner RECEIVE 1 5 MAR 2021 HOROWHENUA COUNC 201 10 00

Address for Service: Required 9 Fuller Close X Levin Postcode: Required Enter y Sr Sto og 5510 Telephone: Required End Burgsking Stange gumbe X Mobile: X En 02708383 716 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. gill.grahamaxtra.co.nz X 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

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Submitter's Name: Required Rangeview Villas Body Corporate

Submitter's Address for Service: Recourse

EnterPeostel Bioress 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 th 041 s 2 9 miber

4. Further Submission Particulars

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5. Further Submission Reasons

The reasons for my support (or opposition) are: 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): [Renured] 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)

/Yes

Yes

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

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

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

Yes

Yes

V No

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Sign language interpretation required? (Select 1 option) Yes

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.

J. A. Phoeps

Signature of Submitter: Required

Shelps

Name

GRAHAM GEORGE PHELPS & GILLIAN PATRICIA PHELPS



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Date Received:

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.

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1. Further Submitter Contact Details

Title: (Select 1 option) Renamed / Mr Mrs Miss Ms Dr Not applicable Full Name: Required Enter your full name Luigi Inncenie. Paroli X Solo Name of Organisation: (if on behalf of an Organisation) Rangeorius Villas - owner RECEIVED 1 5 MAR 2021 90 HOROWHENUA TRIC COUNCIL 10 00

Page 449 of 649

Address for Service: Rebured 9 Fuller Close X Levin Postcode: Required Enter 35 5to 0 eg 5510 Telephone: Required Enter your day time telephone number 06-3682226X Mobile: X 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 emell address Luigi: ParoLi & gmail. com X 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: Renured Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Bidgess 8015 Wellington 6143 Submission Number: Reading 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 4 and 9 quarter

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Fuller Close would have a Major inspace on Rangeview Villas

6. Further Submission Decision Sought

I seek the whole (or part) of the submission to be allowed (or disallowed): 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)

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

Yes

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

Ves No

Yes

Yes



Sign language interpretation required? (Select 1 option)

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

Submission Attachments:

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

Declaration

Privacy Act 1993

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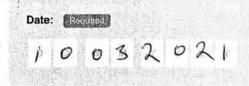
IMPORTANT: You must send a copy of your further submission to the person who made the original submission, within 5 working days of making the further submission to Horowhenua District Council.

Signature of Submitter: Required 2. Na

Name

Luigi

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Submission No:

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Page 454 of 649



Further Submission 63: Raewyn Bassett

Further Submission Form: Proposed Plan Change 4



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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

X

Title: (Select 1 option) Required Mr V Mrs Miss Ms Dr Not applicable Full Name: Required RAPEWYN Joyce BASSETT Horowhern strict Name of Organisation: (if on behalf of an Organisation) Rangeviews Villas - owner 12 13/2 11 RECEIVED 1 5 MAR 2021 90 50 HOROWHENUA COUNCIL

Address for Service: 40 - 9 Fuller Close X Levin Postcode: Required Enter y 5 540 eg 5510 Telephone: Required Eng Gurd 369 8808 nber X Mobile: Enter your mobile number 5822 X 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. Facuyabassen 8 o Hor mail, 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

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Submitter's Name: Required Rangeview Villes Body Corporate Submitter's Address for Service: Required EnterPeostel Blogess 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 th O4nds 2 9mber

4. Further Submission Particulars

The particular parts of the submission I support (or oppose) are: Required Enterenithingular the 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): [Remarks] 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

V Yes

Yes No

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

X

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

 \langle

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



Sign language interpretation required? (Select 1 option)

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

Yes

Yes

Yes

Submission Attachments:

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Declaration

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Signature of Submitter: Required

A flassett Name RAEwyn BASSET

Date: [Regulated]

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Date Received:

CM9 Number:

Submission No:

44

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21



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.

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1. Further Submitter Contact Details

Title: (Select 1 option) Redulted / Mr Mrs Miss Ms Dr Not applicable

Full Name: Required

X

ANFONY JOHN & PAULINE SHEPPARD

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

Rangeones Villas - owner



erowhen District

Address for Service: 9 Fuller Close X Levin Postcode: Required Enter 3 55 5 10 0 09 5510 Telephone: Required 3679748 X Enter your day time telephone number Mobile: 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. antony Soxtra Conz. 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

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Submitter's Name: Required Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterProstal Bidgess 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. egn quitter Enter th O4 4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: 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): (Control of the submission to be allowed (or disallowed): 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)

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

/ Yes

✓ Yes No

No

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

Ves No

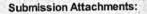
Yes

Yes

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



Sign language interpretation required? (Select 1 option)



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

Declaration

Privacy Act 1993

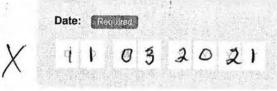
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Signature of Submitter: Required

Name

1.J. J. Sheppand. P. Sheppasel M.J. SHEPPARD & P. SHEPPARD



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Date Received:

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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

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1. Further Submitter Contact Details

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Title: (Select 1 option) Required V Mr Mrs Miss Ms Dr Not applicable Full Name: Required Enter your full nation BRUCE DAVID. Sun Th. Name of Organisation: (if on behalf of an Organisation) Rangevin Villas - owner RECEIVED 1 5 MAR 2021 HOROWHENUA DISTRICT COUNCIL 10 00 52

Address for Service: Required 9 Fuller Close Levin X Postcode: Required Enter y Stor Stor og 5510 Telephone: Frequired Enter your day time telephone number 492 X Mobile: Enter your mobile number 021 452 492 X 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 envelladdress Beeclee. Agencies e 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.

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Submitter's Name: Required Rangeview Villas Body Corporate Submitter's Address for Service: Required EnterPeostal Bidgess 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 4 and 9 quarter

4. Further Submission Particulars

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

5. Further Submission Reasons

The reasons for my support (or opposition) are: Required 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): [Remark Give precise details Enter 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)

Ves No

Yes No

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

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

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



/ Yes No

Sign language interpretation required? (Select 1 option)

Yes No

Submission Attachments:

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

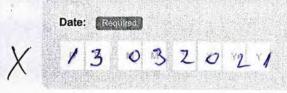
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Signature of Submitter: Required Name Baues Smith



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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

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1. Further Submitter Contact Details

X

Title: (Select 1 option) Renuired Mr ATMAR FAMILY TRUST Mrs Miss Ms Dr Not applicable Full Name: Required Enter your full name MARION LETMAM LAMONT LANE PATRICK JOHN LANE Name of Organisation: (if on behalf of an Organisation) Rangeusius Villas - owner REFER 1 5 MAR 2021 HOROWHENUA DUN 10 00

Address for Service: Reputed 9 Fuller Close X Levin Postcode: Required Enter 3 5 5 10 0 eg 5510 Telephone: Required Enter your day time telephone number 3670392 X Mobile: (027)6606999 Enter your mobile number Х 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 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)

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Submitter's Name: Required Rangeview Villas Body Corporate

Submitter's Address for Service:

EnterPeostal Blogess 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 Artiks on Qumber

4. Further Submission Particulars

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5. Further Submission Reasons

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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)

V Yes No

> Yes No

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

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

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

 \langle

X

Sign language interpretation required? (Select 1 option)

Yes VNo

Yes No

> 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.

Signature of Submitter: Required

In Lane

Name

MARION LETHAM LAMONT LANE PATRIK JOHN LANG

*	Date: Requires
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Office Use Only

Date Received:

Submission No:

CM9 Number:

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