



MASTERTON DISTRICT COUNCIL

64 Chapel Street – PO Box 444 – Masterton 5840 – Ph (06) 370 6300 – Fax (06) 378 8400
Email records@mstn.govt.nz – Web www.mstn.govt.nz

Submission on a Notified Resource Consent Application (Form 13) Pursuant to s96 and s127(3) of the Resource Management Act 1991

SUBMITTER

Name.....
Address.....
.....

CONTACT DETAILS FOR SERVICE OF THE SUBMITTER

Name.....
Postal Address.....
.....
Phone..... Mobile.....
Fax..... Email.....

DETAILS OF APPLICATION TO WHICH SUBMISSION RELATES

Name of Applicant.....
Address of Proposal.....
Description of Proposal.....
.....
.....

DETAILS OF SUBMISSION

This submission is - In Support Neutral In Opposition

The specific parts of the application that this submission relates to are:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DECISION YOU WANT THE COUNCIL TO MAKE / CONDITIONS YOU WANT ON THE CONSENT

Grant the Consent with Conditions

Decline The Consent

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

APPEARANCE AT COUNCIL HEARING

In the event that this application is subject to a Resource Consent Hearing;

I **do** wish to be heard in support of my submission.

I **do not** wish to be heard in support of my submission.

If others make a similar submission I will consider presenting a joint case with them at the hearing

SIGNATURE

To be signed by the applicant or person authorised to sign on behalf of the applicant

Signed..... Date.....

YOU MUST ALSO SERVE A COPY OF THIS SUBMISSION ON THE APPLICANT

OFFICE USE ONLY

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....