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f Buller District Council

**AFFECTED PERSON'S WRITTEN APPROVAL TO AN ACTIVITY THAT IS  
THE SUBJECT OF A RESOURCE CONSENT APPLICATION**

*Section 95E(3), Resource Management Act 1991*

**To: The Buller District Council  
PO Box 21  
WESTPORT 7866**

**Affected Persons Details**

Name: \_\_\_\_\_  
*(full name)*

Address for service: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email address: \_\_\_\_\_

I/We are the  owners of the above property *(please tick the appropriate box)*  
 occupiers

I/we have authority to sign on behalf of all the other owners/occupiers of the property

**This is written approval to the following activity that is the subject of a resource consent application:**

Name of Applicant: \_\_\_\_\_

Resource Consent Number: \_\_\_\_\_

Details of Proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Proposal: \_\_\_\_\_  
\_\_\_\_\_

I/we have read the full application for resource consent, the Assessment of Environmental Effects, and any site plans as follows: *[list document names and dates]*

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In signing this written approval, I understand that the consent authority must decide that I am no longer an affected person, and the consent authority must not have regard to any adverse effects on me.

I understand that I may withdraw my written approval by giving written notice to the consent authority before the hearing, if there is one, or, if there is not, before the application is determined.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### **Notes to affected person signing written approval**

Conditional written approvals cannot be accepted.

There is no obligation to sign this form, and no reasons need to be given.

If this form is not signed, the application may be notified with an opportunity for submissions.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.