



Westport Office  
PO Box 21  
WESTPORT 7866  
Phone (03) 788 9111  
Fax (03) 788 8041

Reefton Office  
PO Box 75  
REEFTON 7851  
Phone (03) 732 8821  
Fax (03) 732 8822

## CHANGE OR CANCEL CONSENT CONDITIONS

### Applicant Details

1. Consent Holder(s) name(s): (please write all names in full)

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

2. Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Private: \_\_\_\_\_ Email: \_\_\_\_\_

3. Correspondence to be sent to the following name and address: (if different from Consent Holder)

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

Telephone: Business: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Private: \_\_\_\_\_ Email: \_\_\_\_\_

### Consent Details

4. Resource Consent Number \_\_\_\_\_

5. Description of consented activity:

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

### Details of Proposal

6. This is an application for a  Change of Conditions  Cancellation of conditions

7. The application relates to the following specific condition(s) of the Resource Consent:

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8. The proposed change is as follows (not required if application is to cancel the condition):

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I attach in accordance with the Fourth Schedule of the Resource Management Act 1991, an assessment of environmental effects in the detail that corresponds with the scale and significance of the effects that a change to, or cancellation of, the activity may have on the environment.

I attach any information required to be included in this application by the District Plan, the Resource Management Act 1991, or any regulations made under that Act (list all documents that you are attaching):

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**\$450 Deposit**  
**\* Please note that this is a deposit only and Council operates on a full cost recovery system. Therefore if the cost of processing the consent is more than the deposit, you will be charged the additional amount. Upon payment of any additional amount, you will receive the consent.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_  
(to be signed by or on behalf of applicant)

# ASSESSMENT OF EFFECTS ON THE ENVIRONMENT

1. Answer all questions fully. Some may not apply to your proposal.
2. Please provide a locality map and a copy of the Certificate of Title.
3. Contact the Planning Department with any queries or if you require assistance.

## Physical

**1. Describe the:**

(a) landforms (eg: mountains, hills, cliffs, streams, rivers, valleys, beaches, lakes, gorges, caves, paddocks)

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(b) land slopes (eg: steep, flat, rolling, angle of slope)

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(c) soils (eg: sand, clay, rock, fill, name of soil)

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**2. Describe any potential for natural hazards (e.g. flooding, erosion, land slip)**

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**3. Are any of the following present in the area? (delete which do not apply)**

- (a) river protection works
- (b) bridges
- (c) railways and roads
- (d) telephone/electricity wires or cables

Please indicate these features on a site diagram/map.

**Flora, Fauna and Ecosystems**

**4. Describe the vegetation within the application area. List the major species, and any rare or endangered species. (“Native bush” and “scrub” is not a satisfactory answer).**

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**5. Will native vegetation clearance occur? If so, how much?**

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6. Describe and/or list the birdlife, wildlife, freshwater and marine life within the application area, or in the vicinity and any recognised special wildlife habitats (*“usual West Coast wildlife”* or similar is not a satisfactory answer).

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7. Describe the effects the activity will have on ecosystems, including effects on plants or animals, any physical disturbance of habitats in the area.

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**Land Use**

8. Describe the current land use (give as many details as possible).

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9. Describe neighbouring land uses.

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**10. What is the public use of the area?**

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**11. Describe any recreational uses that occur on the land.**

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**12. What is the intended post-activity vegetation cover and land use? (e.g. forestry, road, residential subdivision, pasture, etc)**

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**13. What effect will this application have on alternative uses of the land, resources and/or the environment at present or in the future? (discuss the reasons for your answer)**

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**14. Describe the present land surface and how it will be rehabilitated (if applicable).**

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**Contingencies or Safeguards**

**15. If your activity includes the use of hazardous substances and installations, provide an assessment of any risks to the following which are likely to arise from such use:**

(a) risks to the physical environment

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(b) the neighbourhood

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(c) the wider community

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**16. Describe any mitigation measures (safeguards and contingency plans where relevant) to be undertaken to help prevent or reduce the actual or potential effect of any chemical or other contaminant accidents (i.e. where will the contents go, how will they be contained, treated, recycled or disposed?)**  
(continue on separate sheet if necessary)

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17. Describe any possible alternative locations or methods for undertaking the activity.

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**Monitoring**

18. How will the effects of the activity be monitored?

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19. Who will monitor the effects of the activity?

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**Socio-economic Impacts**

20. State the number of people who will work at the site \_\_\_\_\_

21. Give details of the hours of work (provide details of any shift times)

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22. Do you intend working on weekends or outside the hours 7.00am to 6.00pm?

- Yes       No



**Noise**

23. Is a residential area or any occupied dwelling close by or within the application area.  Yes  No

24. Give details and distances.

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25. Give details of any anticipated noise levels and likely impacts on both wildlife and residents in the area.

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26. Details of noise reduction measures (rubber lined hoppers, mufflers, shelters, vegetation or soil screens, etc.)

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**Explosives**

27. Will you use explosives?  Yes  No

28. If so give details of purpose, public warning methods, frequency, timing, storage and handling facilities, type and quantity of blast. Discuss the impacts blasting will have on nearby residents and any measures that will be taken to minimise such effects.

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**Maori Interests**

29. Give details of particular Maori interest in the land or water within or bordering the application area, or likely to be affected by the application (*sacred or spiritual sites and values, traditional food gathering areas, etc*).

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**Visual Effects**

30. Is the operation or activity visible from:	Yes	No
- nearby dwellings	<input type="checkbox"/>	<input type="checkbox"/>
- roads (including rest areas)	<input type="checkbox"/>	<input type="checkbox"/>
- walking tracks	<input type="checkbox"/>	<input type="checkbox"/>
- known observation points	<input type="checkbox"/>	<input type="checkbox"/>
- areas of public access?	<input type="checkbox"/>	<input type="checkbox"/>

If so give details and discuss any measures that will be taken to minimise the visual impacts (i.e. buffers, vegetation, screens planted, trees, etc).

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**Effects on Present and Future Generation**

- 31. Discuss socio-economic and cultural effects the *(both positive and/or adverse)* activity will have on the immediate neighbourhood and where relevant the wider community for present and future generations (e.g. *additional housing and service requirements, noise, vibration, dust, lighting, aesthetic values, change of lifestyle, recreation, scientific values, water supply, increased traffic, historical, spiritual values, etc.*)

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32. Describe any effects (*both positive and negative*) on natural and physical resources having aesthetic, recreational, scientific, historical, spiritual, cultural, or other special value for present or future generations:

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**Consultation**

33. Have you discussed your proposal with your neighbours and other parties who may be adversely affected (eg. Community & Public Health, Department of Conservation, Historic Places Trust, Ngati Waewae, New Zealand Transport Agency (formerly Transit NZ) , New Zealand Railways Corporation, local electricity supplier and Telecom New Zealand Limited).

If so, who was consulted? \_\_\_\_\_

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34. Are all affected persons consent forms completed and attached, or forwarded to Council?       Yes       No

If no, your application will be placed on hold until Council receives these forms.

35. If any environmental concerns have been raised by affected neighbours or other parties, how can these concerns be met?

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**Other Information**

36. Outline other information (if any), required to be included in the application by the District Plan or regulations.

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***Have you remembered to :***

1. Complete all sections

2. Enclose - Deposit

**Please note this is a deposit only and Council operates on a full cost recovery system. Therefore if the cost of processing the consent is more than the deposit, you will be charged the additional amount. Upon payment of any additional amount, you will receive the consent.**

Site Plans

Affected Parties

Copy of Certificate of Title

Please contact planning staff with any queries. (Telephone: 03 788 9111)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signed: \_\_\_\_\_  
(to be signed by or on behalf of applicant)