

## HE ARA TĀMATA CREATING GREAT PLACES Supporting our people

Private Bag 752, Kaikohe 0440, New Zealand Cask.us@fndc.govt.nz 200800 920 029 fndc.govt.nz

# Request for approval of engineering plans and reports required by conditions of Resource Consent or Consent Notice

1. Applicant details (Consent Holder or Property Owner):

Name/s names i	: (please write all n full)					
Phone numbers:		Work:	Home:			
Email:						
	Check this bo	s box if the you wish to be included in correspondence regarding this application.				
2.	Designer/Eng	gineer contact details (Contact Person):				
Name/s names i	: (please write all n full)					
Contact	phone number:					
Email:						
3.	Primary Cont	act details:				
(Please	e specify which p	person identified abov	e is the primary point of contact):			
Name/s	:					

### 4. The document number for which these plan(s) or report(s) relate:

Please note the Resource Consent or Consent Notice reference below. Please ensure the correct suffix is used if there are any variations or objections associated with this application.

### 5. Conditions to be approved:

List the conditions to which this request relates and specify which documents relate to each.

If additional space is required, please attach a summary document.

Condition	Document reference	Drawing numbers

### 6. **Does this application include any of the following (tick where appropriate):**

Infrastructure:	To be vested:	Upgrades:	New connection:
Roads			
Street lighting			
Wastewater			
Stormwater			
Potable Water			

### 7. Please note any associated Building Consent reference (if applicable):

#### 9. Billing details:

This identifies the person or entity that will be responsible for paying any invoices or receiving any refunds associated with processing this request for approval of engineering plans and reports. Staff time required to process this approval will be charged on completion of the work. Please also refer to the council's Fees and Charges document (available at <u>www.fndc.govt.nz</u>). A deposit is payable when you submit this request.

Name/s: (please write all names in full)		
Postal address:		
		Post code:
Phone numbers:	Work:	Home:
	Fax:	Email:
Name of bill payer:		(please print)
Signature:		(signature of bill payer – mandatory) Date:

### Important information:

**Privacy information**: Once this application is lodged with the council it becomes public information. Please advise us if there is sensitive information included in this request. The information you have provided on this form is required so that your application for approval can be processed. The information will be stored on the council's property files and held by the Far North District Council and will be made available on request.

Declaration: The information I have supplied with this application is true and complete to the best of my knowledge.

Name: \_\_\_\_\_(please print)

Signature: \_\_\_\_\_(signature)

Date: