

# Application for right of way approval

Pursuant to section 348 of the Local Government Act 1974



## Completing this form:

This form provides us with your contact details, and details about your proposal and its actual and potential effects on the environment. This application is made pursuant to section 348 of the Local Government Act 1974. Please note that your application may also be subject to all relevant provisions contained within the District Plan. Note that all the information provided in your application is available to the public.

*It is important that you answer all questions fully.*

### 1. Applicant details

Name	<input type="text"/>	
Phone number	<input type="text" value="Home"/>	<input type="text" value="Mobile"/>
Email	<input type="text"/>	
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text" value="Postcode"/>

### 2. Property owner's details (if different from above)

Name	<input type="text"/>	
Phone number	<input type="text" value="Home"/>	<input type="text" value="Mobile"/>
Email	<input type="text"/>	
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text" value="Postcode"/>

### 3. Agent's details (if any - e.g. surveyor or engineer)

Name	<input type="text"/>		
Phone number	<input type="text" value="Home"/>	<input type="text" value="Mobile"/>	Registration# <input type="text"/>
Email	<input type="text"/>		
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>		
			<input type="text" value="Postcode"/>

#### 4. Billing details *(if different from above)*

Name	<input type="text"/>		
Phone number	<input type="text" value="Home"/>	<input type="text" value="Mobile"/>	<input type="text" value="Work"/>
Email	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text" value="Postcode"/>		

#### 5. Project details

This application is in relation to a previous (if applicable). Circle below *(more than one circle can be ticked)*:

<input type="radio"/> Concept Development Meeting reference number:	<input type="text"/>
<input type="radio"/> Resource Consent reference number:	<input type="text"/>
<input type="radio"/> Building Consent reference number:	<input type="text"/>

#### 6. Land over which easement is to be created

Please list the property owner, property address and legal description of each block of land affected:

#### 7. Land in favour of which easement is to be created

Please list the property owner, property address and legal description of each block of land affected:

## 8. Description of the proposal

Include a brief description of the proposal including a plan of proposed carriageway formation and earthworks, and expected start and finish dates:

## 9. Additional Information required

Please provide any additional information that is required under the relevant provisions:

### Attachments

I attach (tick as appropriate):

Enter page  
number

- |  |                          |
|--|--------------------------|
| <input type="radio"/> Payment  | <input type="checkbox"/> |
| <input type="radio"/> A covering letter  | <input type="checkbox"/> |
| <input type="radio"/> A current Certificate of Title (not more than 3 months old)  | <input type="checkbox"/> |
| <input type="radio"/> A plan of the proposed ROW   | <input type="checkbox"/> |
| <input type="radio"/> Details of any building consents for private drainage and any related retaining walls (building consent reference number and copy of drainage plans) | <input type="checkbox"/> |
| <input type="radio"/> Details and engineering drawings locating other services or confirmation that no other services affected   | <input type="checkbox"/> |

Other (please specify):

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**Note:** Incomplete applications may result in requests for further information and therefore delays may be experienced.

## 10. Declaration

### Declaration concerning Payment of Fees

I hereby certify that, to the best of my knowledge, the information given in this application is true, complete and correct. I undertake to pay all actual and reasonable application costs incurred by the Far North District Council. Account Terms and Conditions. Unless otherwise advised payment of all accounts are payable by "20th of the Month" following the date of invoice. If any default in payment you may be liable for costs including but not limited to interest, legal costs, debt collection fees, and other disbursements incurred.

### Signature of the Applicant or person authorised to sign on their behalf:

Full name

Signature of bill payer

**Mandatory**

*A signature is not required if the application is made by electronic means*

### If the named applicant is a company/trust please state your position/title and contact details:

Name

Phone number

Email

Postal address

### Important Information

Once this application is lodged with the Council it becomes public information. If there is any sensitive information in the proposal please let us know. The Council is only able to accept your application when all details are completed, all relevant information is provided, the application is signed and the standard fees are paid.

Post your application form to: **The Resource Consents Manager**  
**Far North District Council**  
**Private Bag 752**  
**Kaikohe; 0440.**

Or, to avoid delays and to have your application checked for completeness call **0800 920 029** to book an appointment with a Duty Planner at one of the following locations:

#### Kaikohe Service Centre

FNDC Headquarters  
5 Memorial Avenue,  
Kaikohe 0405

#### Kerikeri Service Centre

Proctor Library  
6 Cobham Road  
Kerikeri 0230

#### Kaitiāia Service Centre

Te Ahu  
Corner of State Highway 1  
and Mathews Avenue,  
Kaitiāia 0410