

APPLICATION FOR PERMITTED BOUNDARY ACTIVITY

Under s87BA of the Resource Management Act 1991



Office Use Only

Application No. _____

Date Received _____

Time _____

Applicant Details

Name _____

Postal Address _____

Home Phone _____

Cell Phone _____

Email _____

Agent Details (if different to that of the applicant)

Name _____

Postal Address _____

Phone _____

Client Reference _____

Email _____

Location of Activity

NB: A full site plan (to scale) is required as part of this application.

Street Address _____

Legal Description _____

Valuation Number _____

Written Consent of Affected Parties

Gained and Attached

Certificate of Title

CT Attached Council to provide CT (MDC & CDC \$20 inc GST/ SWDC \$25 inc GST)

Signature/s

To be signed by the applicant or agent

_____ Name

_____ Date