

Before you fill out the attached submission form, you should know:

You need to include your full name, an email address, or an alternative postal address for your submission to be valid. Also provide a contact phone number so we can contact you for hearing schedules (where requested).

By taking part in this public submission process your submission will be made public. The information requested on this form is required by the Resource Management Act 1991 as any further submission supporting or opposing this submission is required to be forwarded to you as well as Auckland Council. Your name, address, telephone number, email address, signature (if applicable) and the content of your submission will be made publicly available in Auckland Council documents and on our website. These details are collected to better inform the public about all consents which have been issued through the Council.

Please note that your submission (or part of your submission) may be struck out if the authority is satisfied that at least one of the following applies to the submission (or part of the submission):

- It is frivolous or vexatious.
- It discloses no reasonable or relevant case.
- It would be an abuse of the hearing process to allow the submission (or the part) to be taken further.
- It contains offensive language.
- It is supported only by material that purports to be independent expert evidence, but has been prepared by a person who is not independent or who does not have sufficient specialised knowledge or skill to give expert advice on the matter.

Submission on a requirement for a designation or an alteration to a designation subject to full or limited notification

Sections 168A, 169, 181, 189A, 190, and 195A of the Resource Management Act 1991



FORM 21

Send your submission to unitaryplan@aucklandcouncil.govt.nz or post to :

Attn: Planning Technician
Auckland Council
Level 24, 135 Albert Street
Private Bag 92300
Auckland 1142

For office use only
Submission No:
Receipt Date:

Submitter details

Full Name or Name of Agent (if applicable)

Mr/Mrs/Miss/Ms(Full Name) _____

Organisation Name (if submission is made on behalf of Organisation)

Address for service of Submitter

Telephone: Fax/Email:

Contact Person: (Name and designation if applicable)

This is a submission on a notice of requirement:

By:: Name of Requiring Authority

Waka Kotahi NZTA

For: A new designation or alteration to an existing designation

Huapai Rapid Transit Station (NoR HS)

The specific parts of the above notice of requirement that my submission relates to are: (give details):

My submission is:

I or we support of the Notice of Requirement I or we oppose to the Notice of Requirement
I or we are neutral to the Notice of Requirement

The reasons for my views are:

(continue on a separate sheet if necessary)

I seek the following recommendation or decision from the Council *(give precise details including the general nature of any conditions sought).*

- I wish to be heard in support of my submission
- I do not wish to be heard in support of my submission
- If others make a similar submission, I will consider presenting a joint case with them at a hearing

Signature of Submitter
(or person authorised to sign on behalf of submitter)

Date

Notes to person making submission:

If you are making a submission to the Environmental Protection Authority, you should use Form 16B.

You must serve a copy of your submission on the person who gave the notice of requirement as soon as reasonably practicable after you have served your submission on the Council (unless the Council itself, as requiring authority, gave the notice of requirement)

If your submission relates to a notice of requirement for a designation or alteration to a designation and you are a trade competitor of the requiring authority, you may make a submission only if you are directly affected by an effect of the activity to which the requirement relates that:

- (a) Adversely affects the environment, and
- (b) Does not relate to trade competition or the effects of trade competition.