

PART A (to be completed by applicant)

Applicant(s) name: (please write all names in full)	Stratford Properties Limited		
Address of proposed activity:	272 and 278 Clevedon Kawakawa Road, Clevedon	Consent number if known:	
Brief description of p	roposed activity:		
Subdivision of 2	278 Clevedon Kawakawa Road to create 11 countrys	ide living lots, balance farn	
lot and shared a	ccessway and associated earthworks, construction o	f infrastructure and	
landscape plant	ing.		
Plan references (incl	uding title, author and date):		
Lands and Surv	vey Ltd, Proposed Subdivision of Lot 1 DP 146882, D	wg No 117536 100 - 102,	
Rev C, dated 04	-06-2019. Greenwood Associates Ltd, Landscape Pl	an Set, dated 07-06-2019.	
Resource consent(s)	being sought for (describe area(s) of non-compliance):		
Non Complying	Subdivision Consent. The resource consent applicat	tion is being sought in	
conjunction with	a private plan change request to rezone the properti	es at 272 and 278	
Clevedon Kawa	kawa Road to Countryside Living to facilitate the prop	nosed subdivision	

PART B – AFFECT	ED PERSON(S)	
		Tick if Tick if Owner Occupier
Full name: (in print)	Colin Collecutt	
Full name: (in print)	Lynn Collegutt	
Full name: (in print)		
Address of affected property:		2585 Postcode:
Phone:	(09) 292-9231 Mobile: 027 69	5 1332

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PART B - AFFECTED PERSON(S) (continued)

I have authority to sign on behalf of all the other: (tick one)

OWNER(S) • OCCUPIER(S)

of the property. Please provide documentation proving this authority.

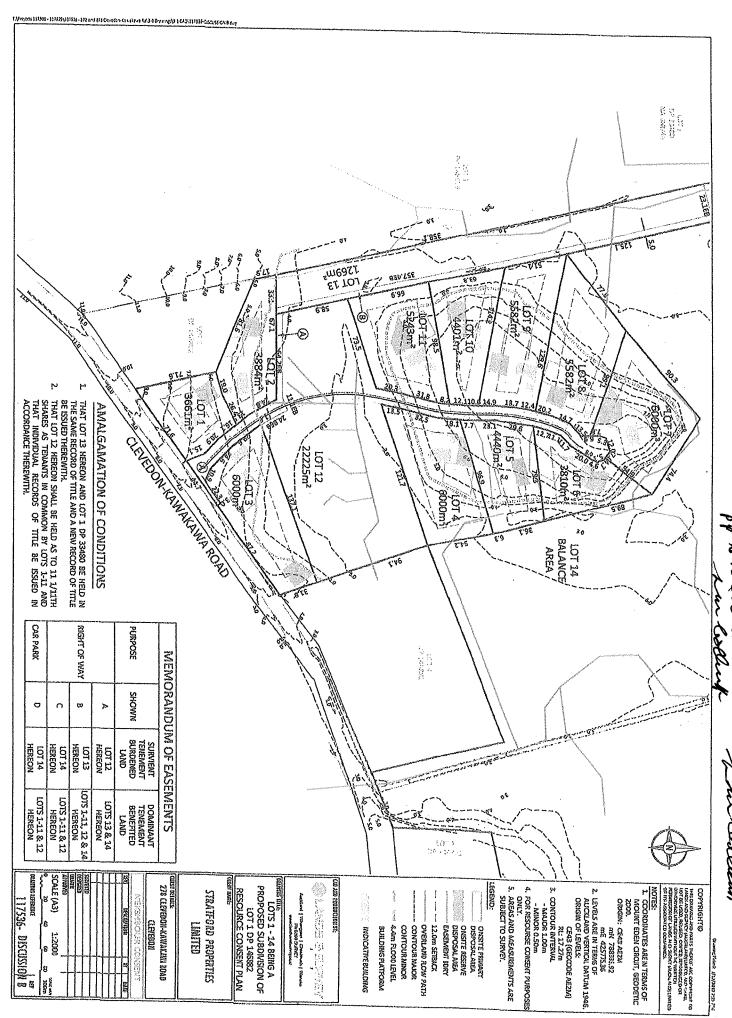
Please note: the approval of all the legal owners and the occupiers of the affected property may be necessary.

PART C (to be completed by persons and/or organisations providing written approval)

PART C – DECLARATION	
I/We have been given details of the pr	oposal and plans to which I/we are giving written approval.
/ I/We have signed each page of the pla	ans in respect of this proposal. These need to accompany this form.
of any actual or potential effects of the	ime before the determination of the application, I/we may give notice in writing to the
explained you can contact the Customer S	fully understand the proposal. If you require the resource consent process to be Service Team at the Council who can provide you with information.
Signature(s): Lun Con	Bollett Date: 8 - 10 - 19
Signature(s): Zun Con	Beat Date: 8 - 10 -19
Signaturo(a):	Date

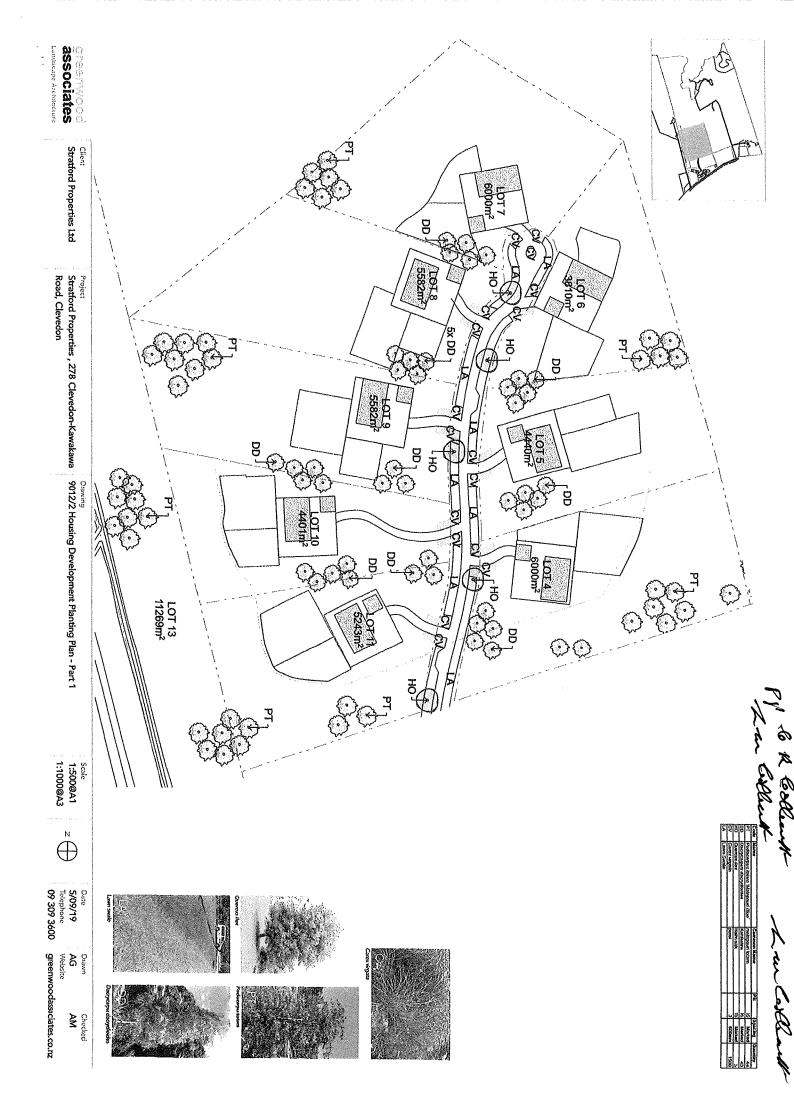
PRIVACY INFORMATION

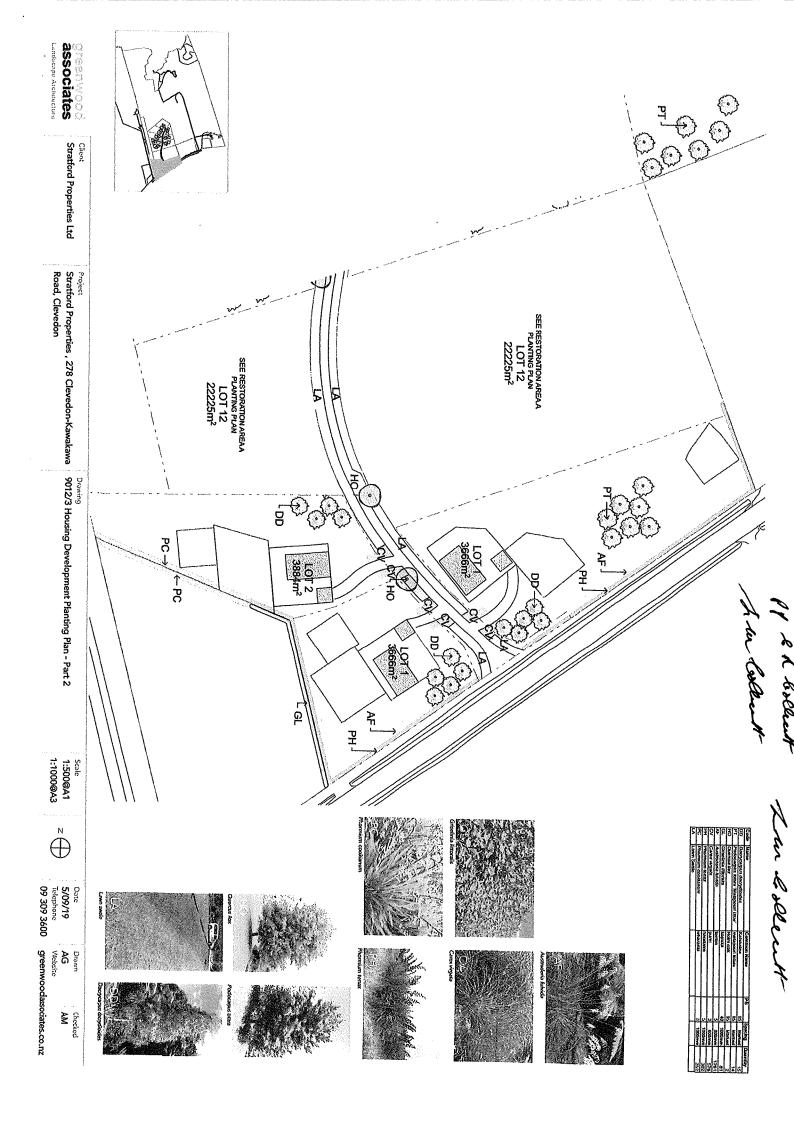
The council requires the information you have provided on this form to process your application under the RMA and to collect statistics. The council will hold and store the information, including all associated reports and attachments, on a public register. The details may also be made available to the public on the council's website. These details are collected to inform the general public and community groups about all consents which have been processed or issued through the council. If you would like to request access to, or correction of any details, please contact the council.

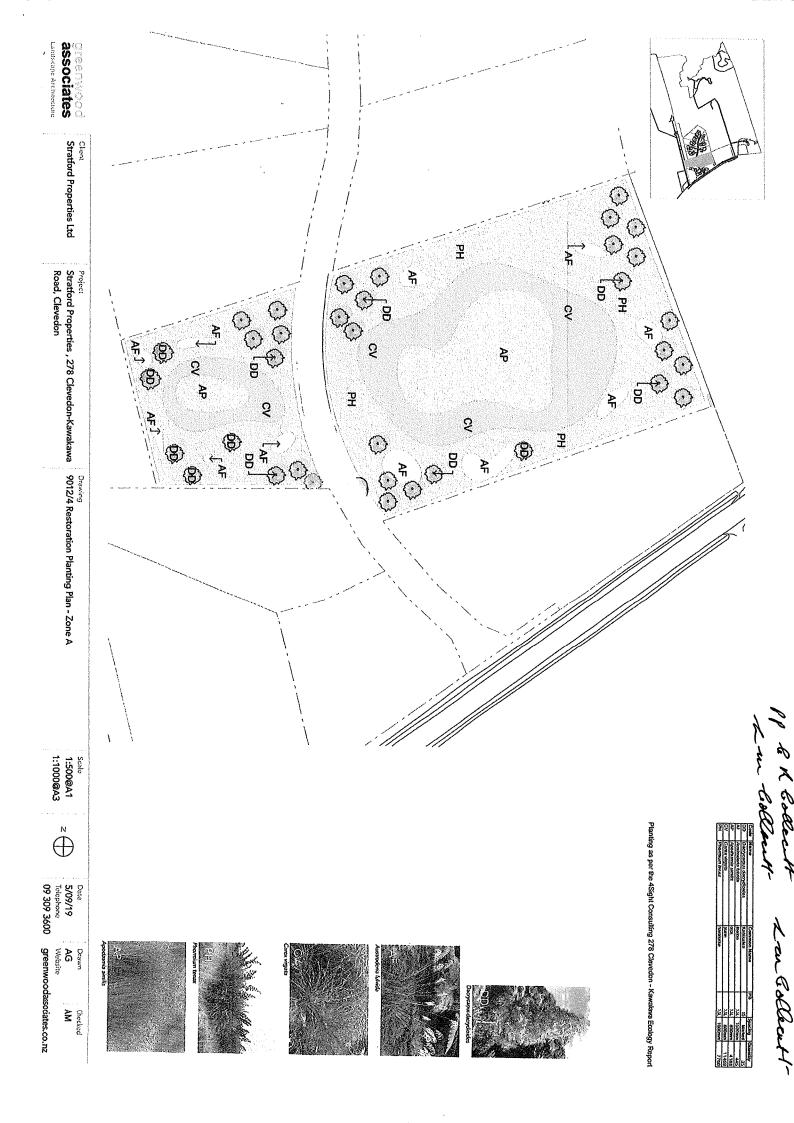


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PART B (to be completed by persons and/or organisations providing written approval)

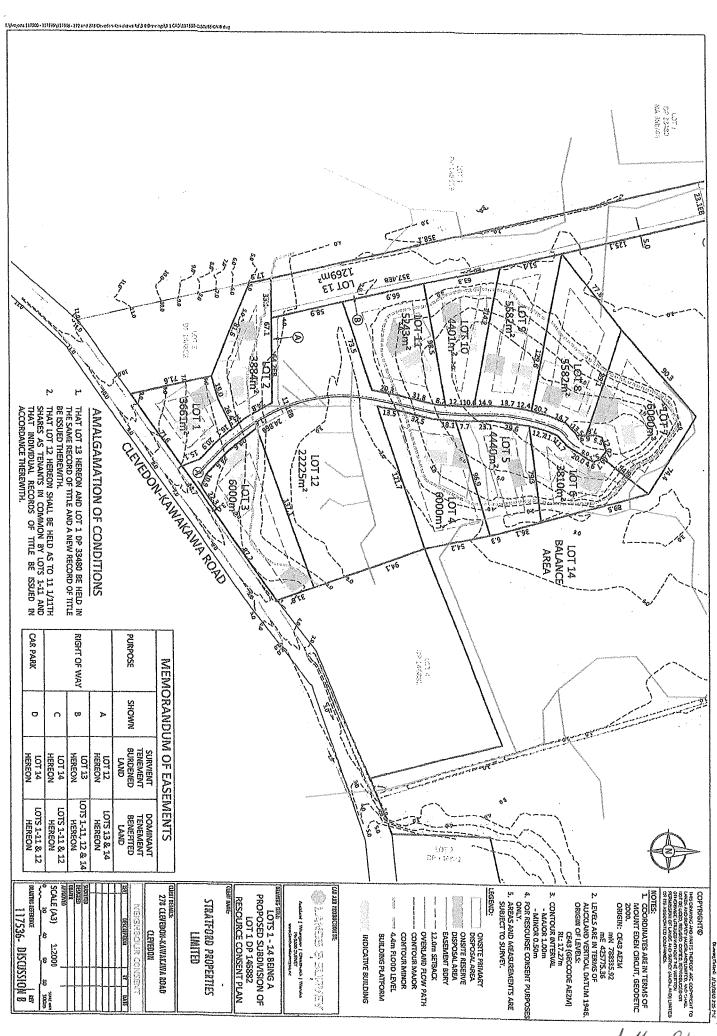
		Tick if Tick if Owner Occupier
Full name: (<i>in print</i>)	Johnston Martin	
Full name: (<i>in print</i>)	Lassey lindburg	
ull name: (<i>in print</i>)		
ddress of affected roperty:	294 Chevedon Kuwakowa Koad	Postcode:
Phone:	022 648 1084 Mobile:	

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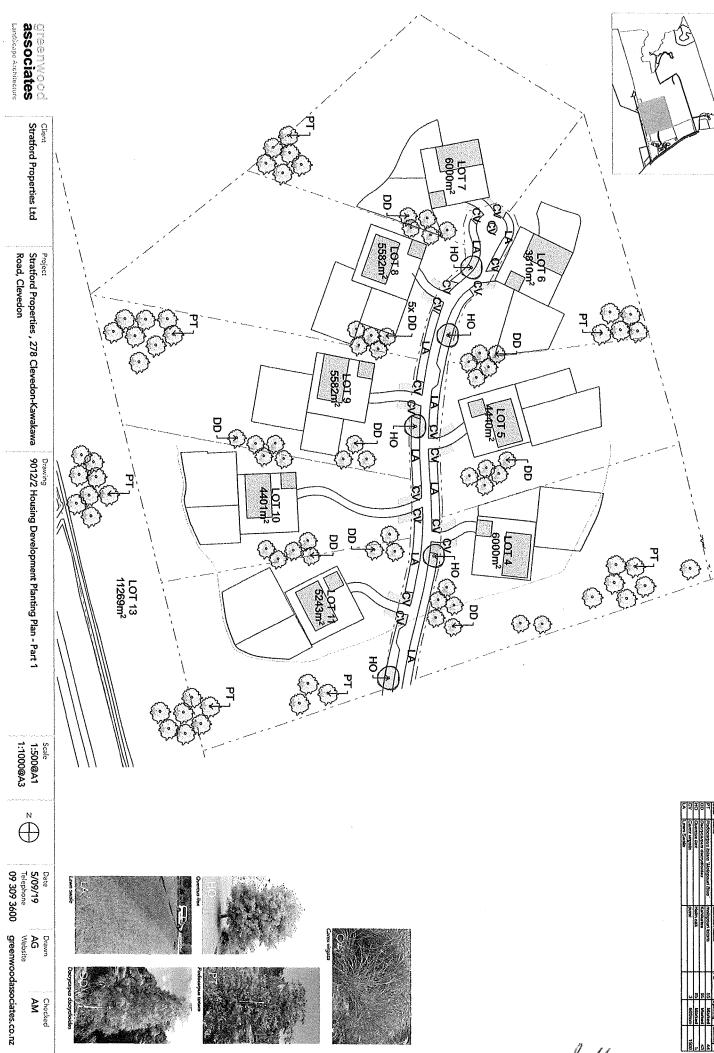
I have authority to sign on habalf of all the other (field and)		
I have authority to sign on behalf of all the other: (tick one)		
OWNER(S) OCCUPIER(S)		
of the property. Please provide documentation provi	ng this authority.	
Please note: the approval of all the legal owners and the o	ccupiers of the affected proper	ty may be necessary.
ART C (to be completed by persons and/or orga	nisations providing writ	ten approval)
PART C – DECLARATION		
Reserved to the Control of the Contr		
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I/We have been given details of the proposal and plan		
I/We have signed each page of the plans in respect of	this proposal. These need to a	accompany this form.
	this proposal. These need to a	accompany this form.
I/We have signed each page of the plans in respect of	this proposal. These need to a al, the Council when considering our property.	accompany this form. ng the application cannot take accoun
I/We have signed each page of the plans in respect of I/We understand that by giving my/our written approve of any actual or potential effects of the activity on my/our further, I/we understand that at any time before the	this proposal. These need to a al, the Council when considering our property. determination of the application and the proposal. If you require	accompany this form. Ing the application cannot take account in the interest of the interest
I/We have signed each page of the plans in respect of I/We understand that by giving my/our written approve of any actual or potential effects of the activity on my/our further, I/we understand that at any time before the council that this approval is withdrawn. Note: You should only sign below if you fully understant explained you can contact the Customer Service Team at	this proposal. These need to a al, the Council when considering our property. determination of the application and the proposal. If you require	accompany this form. Ing the application cannot take account in the interest of the interest
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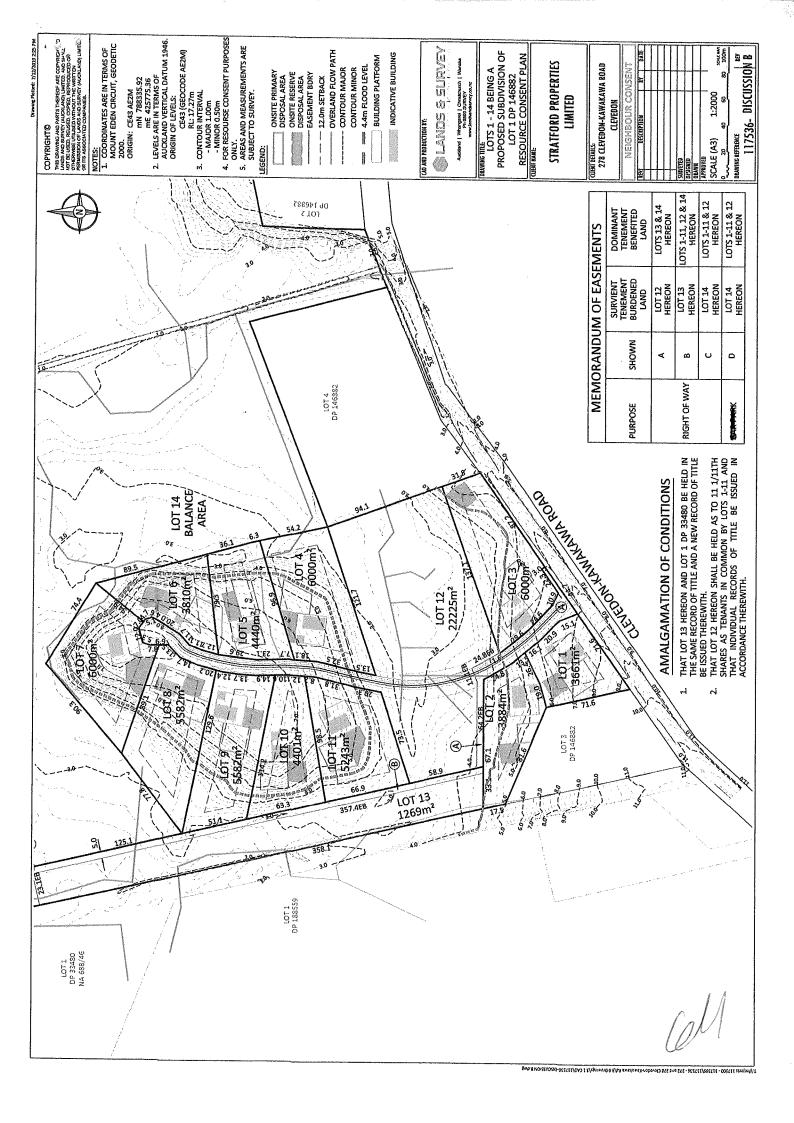
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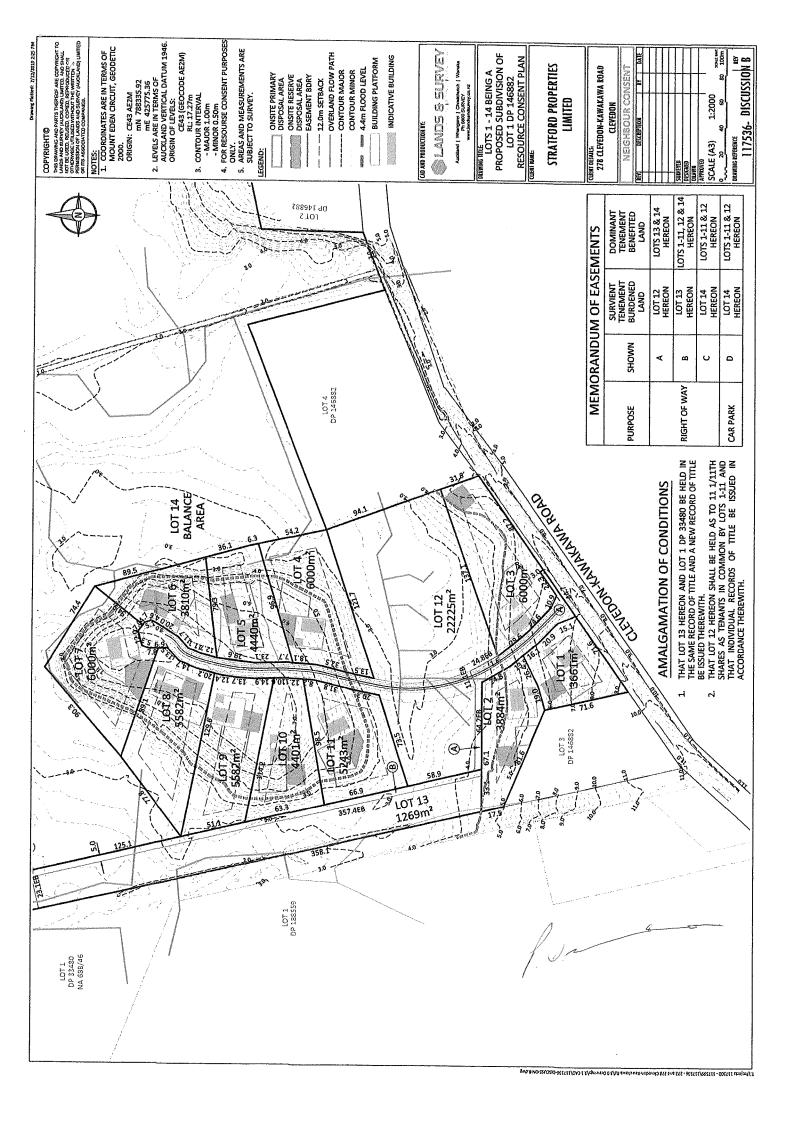
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Address of proposed activity:	272 and 278 Clevedon Kawakawa Road, Clevedon	Consent number if known:
Brief description of p	roposed activity:	
Subdivision of 2	78 Clevedon Kawakawa Road to create 11 countrysi	de living lots, balance farr
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landscape planti		and the second s
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Non Complying	Subdivision Consent. The resource consent applicati	ion is being sought in
	a private plan change request to rezone the propertic	
	awa Road to Countryside Living to facilitate the prop	

PART B – AFFECT	ED PERSON(S)	
		Tick if Tick if Owner Occupier
Full name: (in print)	Paul Gibbard	1
Full name: (in print)	Carol Cubbard	
Full name: (in print)		
Address of affected property:	262 Clevedon-kavakava Rd, clevedon	Postcode: ZS85
Phone:	021336452 Mobile: 021585	717



I have authority to sign on be	ehalf of all the other: (tick one)				
OWNER(S)	OCCUPIER(S)				
of the property. Please	e provide documentation proving this aut	hority.			
	all the legal owners and the occupiers o	a di Para Pina			
PART C – DECLARATIO	by persons and/or organisation	is providin	g written a	pproval)	
I/We have signed each I/We understand that by of any actual or potential Further, I/we understand Council that this approximate. Note: You should only sign	etails of the proposal and plans to which page of the plans in respect of this proportion of the plans in respect of this proportion of the property of the activity on my/our property of that at any time before the determinated is withdrawn. It is withdrawn.	osal. These runcil when coty.	pnsidering the	application canno	n writing to the
Signature(s):		Date:	18/7	7/2019	
Signature(s):		Date:			
Signature(s):		Date:			
PRIVACY INFORMATION					
The details may also be made public and community group.	ormation you have provided on this form Id and store the information, including a de available to the public on the council's s about all consents which have been pri ion of any details, please contact the co	il associated s website. The rocessed or i	reports and a	attachments, on a p	public register.

PART B – AFFECTED PERSON(S) (continued)





PART A (to be completed by applicant)

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	awa Road to Countryside Living to facilitate the prop	to Control of the Con
	pleted by persons and/or organisations providing writte	
PART B – AFFECT		ii abbioasi)
		Tick if Tick if

Owner Occupier GEOFFREY MICHAEL NEIKE Full name: (in print) Full name: (in print) Full name: (in print) Address of affected CLEVEDON -KAWAKAWA Postcode: 2535 property: Phone: 09 292 9503 Mobile: 021 429 055

I have authority to sign on behalf of all the other: (tick one) OWNER(S) OCCUPIER(S) of the property. Please provide documentation proving this authority. Please note: the approval of all the legal owners and the occupiers of the affected property may be necessary. PART C (to be completed by persons and/or organisations providing written approval) I/We have been given details of the proposal and plans to which I/we are giving written approval. I/We have signed each page of the plans in respect of this proposal. These need to accompany this form. I/We understand that by giving my/our written approval, the Council when considering the application cannot take account of any actual or potential effects of the activity on my/our property. Further, I/we understand that at any time before the determination of the application, I/we may give notice in writing to the Council that this approval is withdrawn. Note: You should only sign below if you fully understand the proposal. If you require the resource consent process to be explained you can contact the Customer Service Team at the Council who can provide you with information. Signature(s): Date: Signature(s): Date: Signature(s): Date: PRIVACY INFORMATION

PART B - AFFECTED PERSON(S) (continued)

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