## 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.

## Further Submission in support of, or opposition to, a **notified proposed plan change or variation**Clause 8 of Schedule 1, Resource Management Act 1991

FORM 6



This plan change has limited notification under clause 5A(4)(b) of First Schedule Resource Management Act 1991, making a further submission under this clause limited to those given written notice of this plan change.

	- p.aag		
Send your submission to unitaryplan@aucklandcouncil.govt.			
post to:		Further Submission No:	
Attn: Planning Technician Auckland Council Level 16, 135 Albert Street Private Bag 92300 Auckland 1142		Receipt Date:	
Further Submitter details			
Full Name or Name of Agent (if applica	able)		
Mr/Mrs/Miss/Ms(Full Name)			
Organisation Name (if further submise	sion is made on behalf o	f Organisation)	
Address for service of Further Submit	ter		
Telephone:	Email:		
Contact Person: (Name and designation,			
Scope of Further Submission  This is a further submission in suppor change / variation:	rt of ( <i>or</i> opposition to) a	submission on the follow	ving proposed plan
Plan Change/Variation Number	PC 114 (Private)		
Plan Change/Variation Name	36A Eaglehurst Road, Ellerslie		
I support : ☐ Oppose ☐ (tick one) the submission of:  (Original Submitters Name and Address)		llease identify the specifi bmission) Submission Number	fic parts of the original  Point-Number
The reasons for my support / opposition are:			

	(continue on a separate sheet if necessary)		
I seek that:			
the whole:			
or part			
of the original submission be <b>allowed</b>	П		
disallowed			
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 con- hearing	sider presenting a joint case with them at a		
Signature of Further Submitter  (or person authorised to sign on behalf of further submitter)			
PLEASE COMPLETE THE FOLLOWING SECTION			
Please tick one			
I am a person representing a rele you come within this category)	evant aspect of the public interest. (Specify upon what grounds		
I am a person who has an interest in the proposal that is greater than the interest that the general public has. (Specify on what grounds you come within this category)			
Notes to person making submission:  A copy of your further submission must be served on the original submitter within 5 working days after it is served on the local authority			
If you are making a submission to the Environ	mental Protection Authority, you should use Form 16C.		