## Notice of Change of a Permitted Activity Notifier



Property, Consents and Licensing
Please send or deliver your form to the Council

Property Owner's name: (if different from the holder)

 ${\it Please \ attach \ a \ copy \ of \ the \ Certificate \ of \ Title \ where \ this \ is \ applicable}.$ 

		Office Use Only:				
		Application No:				
		Receipt Date:				
		Deposit Paid:				
ccept/ eject	1.0 PERMITTED ACTI	VITY DETAILS				
	Permitted Activity No:	File Reference:				
	Authorised Activity:					
	Location/Site Address:					
	Date Change Effective:					
	2.0 PROPERTY DETA	ILS				
	Legal description of property where activity occurs (or for coastal permits, Legal Description of property adjacent to site where activity occurs):					

## TO BE COMPLETED BY THE PERMITTED ACTIVITY NOTIFIER

3.0 CONTACT DETAIL	.s
Name: (please write all names in full)	
Physical Address:	Postcode:
Postal Address: (if different)	Postcode:
Phone (day):	Mobile: Fax:
Email:	☐ Please tick if email preferred method of contact

Accept/ Reject	3.0 C	ONTACT DETA	AILS contd				
	The notifier is the:  Owner  Description  Occupier  Lessee  Prospective Purchaser  The Crown  Network Utility Operator  Other  of the site to which the activity relates.						
	4.0 A	GENT/CONSL	ILTANT DETAILS (I)	f different fro	om above)		
	Company:				Contact Person	:	
	Postal Addr of Agent:	ress				Postcode:	
	Phone (day)	):		Mobile:		Fax:	
	Email:					Please tick if email preferred method of contact	
	5.0 EX	XISTING PERM	IITTED ACTIVITY H	OLDER DEC	LARATION		
			mitted activity notific nt Act and any releval		the permitted activity	; is hereby transferred, subject to the provisions	
	Name:				Signature:		
	Position:				Date:		
TO BE COMPLETED BY THE NEW PERMITTED ACTIVITY NOTIFIER							
			TO BE COMPLET	ED BY THE N	IEW PERMITTED ACT	TIVITY NOTIFIER	
	6.0 N	EW PERMITTE	TO BE COMPLET  D ACTIVITY NOTIF			TIVITY NOTIFIER	
	6.0 N Name: (plea names in ful	ase write all				TIVITY NOTIFIER	
	Name: (plea	ase write all ll)				Postcode:	
	Name: (plea	ase write all [l] ress:		EIER CONTA			
	Name: (plea names in ful Postal Addr	ase write all [l] ress:		EIER CONTA	Obile:	Postcode:	
	Name: (plea names in full Postal Addr Phone (day) Email:	ase write all  ress: ): tifier is the:	D ACTIVITY NOTIF	FIER CONTA	obile:	Postcode:	
	Name: (pleanames in full Postal Address Phone (day) Email: The new no Owner of the site to	esse write all  ess:  tifier is the:  Occupier  owhich the app	D ACTIVITY NOTIF	M e Purchaser	obile:	Postcode:  Fax:  Please tick if email preferred method of contact	
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	Name: (pleanames in full Postal Address in full Postal	esse write all  ress:  tifier is the:  Occupier owhich the app  GENT/CONSU	Lessee Prospectiv	M e Purchaser	obile:	Postcode:    Fax:	

Accept/ Reject	8.0 NEW PERMITTED ACTIVITY HOLDER DECLARATION					
	I/we the undersigned acknowledge that the permitted activity is to be held in my/our names as described above and undertake to comply with all conditions of the permitted activity, and accept liability for all charges associated with this permitted activity from the date of transfer.					
	Name:		Signature:			
	Position:		Date:			
	PRIVACY INFORMATION					
The information you have provided on this form is required so that your application can be processed under the RMA, so the can be collected by the Council. The information will be stored on a public register, and held by the Council. The details made available to the public on the Council's website. These details are collected to inform the general public and communabout all consents which have been issued through the Council. If you would like to request access to, or correction of yo please contact the Council.						