# Auckland Council BUN60352951 Received



Property address

12/02/2020

2 Specified Areas of the Nearshore at Mangawhai - Pakiri Embyament

APPLICATION DETAILS
What type of application is this for? Select all the options necessary to cover your proposal.
☑ Discharge permit
□ Land use
☐ Streamworks
Subdivision
☐ Water permit
Provide sub-type for discharge permit
Contaminated site
O Landfills
☐ To air  ☑ Other
• Other
The application will be assessed under the Auckland Unitary Plan (operative in part). If there are any other relevant regional plan provisions, please indicate.
○ Air, land, water
© Coastal
O Farm dairy discharges
○ Not applicable
Are you a Qualified Partner Customer or are you lodging on behalf of a Qualified Partner Customer?
☐ Yes
☑ No
Is consent required under a National Environmental Standard (NES)?
O Yes
<b>ⓒ</b> No
Are any additional resource consent(s) required for this proposal but not being applied for under this application?
☐ Yes  ☑ No
Do you have any existing consent(s) relevant to this application?
O No
Provide information of any existing consents and the date at which they expire.
Consent [1]
Consent number
28172, 28173, 28174, 28165
Expiry date
Sunday September 6, 2020
· ·
Assessment of the value of the investment of the existing consent holder (for the purpose of section 104(2A))
\$4.5M per annum

Have you had a pre-application meeting with us regarding your proposal?

Yes No



# Pre-application meeting details [1]

Reference number
250100416087
Date of the meeting (optional)
Friday October 4, 2019
Name of the staff member (optional)
Jarrod Dixon
Attach meeting records/minutes related to the pre-application meeting (optional)  Please note that the documents uploaded need to be in PDF format. Each individual file should be 300MB or less.
Was it identified at the pre-application meeting that this is a premium project? ☑ Yes ☑ No
VHO IS APPLYING?
In relation to this application, are you:  O The agent The applicant  Applicant details
Is the applicant an individual, registered company or other organisation?
☐ Individual  ☑ Registered company ☐ Organisation
Company details
Company name
MCCALLUM BROS LIMITED
Registration number
9429040749303
Trading name (optional) Provide trading name if different from company name.
Contact person details
Legal first and middle name
Shayne Michael
Legal last name
Elstob
Email address
shayne.elstob@mccallumbros.co.nz

# Mailing address



What is the address type?
Street address Rural address
<ul><li>✓ PO Box</li><li>✓ Private Bag</li></ul>
Counter delivery International
PO Box number
PO Box 71-031
Area
Rosebank
City
Auckland
Postcode
1348
Physical address (if different from mailing address)
747 Rosebank Rd Avondale. Auckland
Contact number - day time
0211187947
Contact number - after hours (optional)
098285202
Fax number (optional)
Mobile (optional)
0211187947
Website address (optional)
www.mccallumbros.co.nz
Do you want us to remember these details for future use?
<b>♥</b> Yes
□ No
OWNER INFORMATION
Is the applicant the owner of the site?
O Yes
<b>☑</b> No
Owner details
Is the owner an individual, registered company or other organisation?
□ Individual □ Registered company □ Organisation
Company details
Company name
MCCALLUM BROS LIMITED
Registration number
9429040749303



Trading	name	(ontion	เลเา

Trading name (optional)

Provide trading name if different from

What is the address type?  Steet address  PO Box Private Bag Counter delivery International PPO Box number PPO Box number PPO Box number Rosebank City Auckland Postcode 1348 Physical address (if different from mailing address) 747 Rosebank Rd Avondale Contact number - after hours (optional) Fax number (optional)  Mobile (optional)  Mobile (optional)  www.mccallumbros.co.nz Do you want us to remember these details for future use?  E Yes On you want us to remember these details for future use?  E Yes On you want us to remember of the site? PY Yes On you want us to remember of the site? PY Yes On you want us to remember of the site? PY Yes On you want us to remember occupiers of the site?	Provide trading name if different from company name.	
Shayne Michael Legal last name Elatob  Elatob  Mailing address shayne slatob @ mocalllumbros on nz  Mailing address  Mailing address  Mailing address  Navial address  Shayne slatob @ mocallumbros on nz  Mailing address  Private address  Rovial address  Private Bug  Counter delivery  International  PO Box number  PO Box number  PO Box number  PO Box (if different from mailing address)  Private address (if different from mailing address)  747 Rosebank Rd Avondale  Contact number - after hours (optional)  Fax number (optional)  Mobile (optional)  0211187947  Website address (optional)  www.mecallumbros.co.nz  Do you want us to remember these details for future use?  2 Yes  Are there any other owners or occupiers of the site?	Contact person details	
Legal last name Eistob  Email address shayne.slebb@mocallumbras.co.nz  Mailing address  What is the address type?  Street address  Profile add	Legal first and middle name	
Eleab Email address shayne distoln@mccallumbros.co.nz  Mailing address What is the address type?  Street address PO Box Phrotat Bag Counter delivery International PO Box number PO Box 71-031 Area Resobank Area Resobank Postcode 1348 Physical address (if different from mailing address) 747 Rosebank Rd Avondale Contact number - day time 198285202 Contact number - after hours (optional) Mobile (optional) 0211187947 Website address (optional) www.mocallumbros.co.nz Do you want us to remember these details for future use? 3 Yes Ver there any other owners or occupiers of the site? D Yes  Are there any other owners or occupiers of the site? D Yes	Shayne Michael	
mail address shave eletch @ mocallumbros.co.nz  Mailing address What is the address type?  I brivet address D kurial address (if different from mailing address) D kurial address (if different from mailing address) D kurial address (if different from mailing address) D kurial ku	egal last name	
Adding address  What is the address type?  Direct address  Ninat is the address type?  Direct address  Rosel address  Pro Box  Pro Box  Pro Box number  PO Box number  PO Box 71-031  Area  Rosebank  City  Auckland  Postcode  1348  Physical address (if different from mailing address)  747 Rosebank Rd Avondale  Contact number - day time  088285202  Contact number - after hours (optional)  Eax number (optional)  Mobile (optional)  0211187947  Website address (optional)  www.mccallumbros.co.nz  Do you want us to remember these details for future use?  2 Yes  O No Let there any other owners or occupiers of the site?	Elstob	
Mailing address What is the address type?  Street address Rural address PO Box Private Bas Counter delivery PO Box number Postode 1348 Polysical address (if different from mailing address) 747 Rosebank Rd Avondale Contact number - day time 098285202 Counter number - after hours (optional)  Mobile (optional) Mobile (optional) Www.mocallumbros.co.nz Do you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes On you want us to remember these details for future use? Yes	Email address	
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1348 Physical address (if different from mailing address) 747 Rosebank Rd Avondale Contact number - day time 098285202 Contact number - after hours (optional) Fax number (optional)  Mobile (optional) 0211187947 Website address (optional)  www.mccallumbros.co.nz Do you want us to remember these details for future use? 3 Yes	Auckland	
Physical address (if different from mailing address) 747 Rosebank Rd Avondale  Contact number - day time 098285202  Contact number - after hours (optional)  Fax number (optional)  0211187947  Website address (optional)  www.mccallumbros.co.nz  Do you want us to remember these details for future use?  3 Yes  No  Are there any other owners or occupiers of the site?		
T47 Rosebank Rd Avondale  Contact number - day time  098285202  Contact number - after hours (optional)  Fax number (optional)  0211187947  Website address (optional)  www.mccallumbros.co.nz  Do you want us to remember these details for future use?  Yes  Are there any other owners or occupiers of the site?		
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Website address (optional)  www.mccallumbros.co.nz  Do you want us to remember these details for future use?  ✓ Yes  ○ No  Are there any other owners or occupiers of the site?  ○ Yes	Fax number (optional)	
Website address (optional)  www.mccallumbros.co.nz  Do you want us to remember these details for future use?  ✓ Yes  No  Are there any other owners or occupiers of the site?  ✓ Yes	Mobile (optional)	
www.mccallumbros.co.nz  Do you want us to remember these details for future use?  Yes  No  Are there any other owners or occupiers of the site?  Yes		
Do you want us to remember these details for future use?  Yes No  Are there any other owners or occupiers of the site? Yes	Website address (optional)	
Yes No  Are there any other owners or occupiers of the site? Yes	www.mccallumbros.co.nz	
O Yes	<b>☑</b> Yes	
	Are there any other owners or occupiers of the site?  ☐ Yes ☑ No	



## **CONTACT INFORMATION**

Who is the first point of contact for communication with council or consent authority?  Company name: McCALLUM BROS LIMITED  Trading name: Not applicable  Name: Shaves Michael Eleteb
Name: Shayne Michael Elstob Contact number: 0211187947 Email address: shayne.elstob@mccallumbros.co.nz  Other
Who should invoices be billed to?  ☑ Company name : MCCALLUM BROS LIMITED  Trading name : Not applicable  Name : Shayne Michael Elstob  Contact number : 0211187947  Email address : shayne.elstob@mccallumbros.co.nz  ☐ Other
Customer reference (optional)
Pakiri Renewal Project
What is your preferred method of billing?  ☑ By email ☐ By post
ACTIVITY DETAILS
What type of activity will you carry out for your coastal permit?
O Dam
<ul> <li>Disposal / deposit / replenishment</li> <li>Dredging</li> </ul>
☑ Extraction
O Marina
O Mooring
☐ Marine farm ☐ Other
O Planting
☐ Reclamation
□ Seawall
O Structure
☐ Take ☐ Vegetation removal
□ Wastewater
What type of activity will you carry out for your discharge permit?
☐ Animal waste
Contaminated site
Comprehensive stormwater
☐ Dairy ☐ Industrial or trade activity
□ Landfill discharge
<b>♂</b> Other
O Rural
☐ Stormwater
☐ To air ☐ Wastewater
Describe the proposed activity in detail
Provide a summary of your proposed activity. Keep the description concise but ensure that it describes the nature of the activity. (250 character maximum)
For example: The construction of a new dwelling and associated earthworks on a residential zoned vacant site.
Consent is sought under Section 12 of the RMA for the Extraction of Sand from the Seabed at Pakiri for a duration of 35 years. Consent is also sought
under Section 15 of the RMA for the discharge into the Coastal Marine Area of Seawater, Sediment, Sand and material associated with the extraction
activity
Are there any other activities that are part of the proposal to which this application relates to?  Yes  No



What is the map reference of	proposed works?
NZMS 260 R08	
Are you providing any discha □ Yes ☑ No	arge point(s)?
Does the application involve a  ☐ Yes ☑ No	any stream, river or lake?
Indicate the duration for whic	ch you are requesting a permit (optional)
35 Years	
SITE VISIT REQUIRE	MENTS
Is there a locked gate, securit Yes No	ty system, or dog(s) restricting access to the site by council staff?
Are there any other hazard or to inhibit transfer of PSA-V et  Yes  No	r entry restrictions that council staff should be aware of, e.g. health and safety, organic farm, measures tc?
CONTRIBUTIONS	
Government Act 2002 in accord RMA under the relevant District	s, the council may levy a monetary contribution. Development contributions are levied under the Local dance with the council's Development Contribution Policy. Financial or reserve contributions are levied under the t Plan. When such contributions are due, the consent holder is responsible for their payment. Unless otherwise address of the person responsible for payment will be taken as the applicant.
Who should contributions be  ✓ Company name: MCCALLU Trading name: Not applicable Name: Shayne Michael Elstob Contact number: 0211187947 Email address: shayne.elstob  ✓ Other	JM BROS LIMITED
NOTIFICATION	
Are you requesting the applic  ☐ Yes ⓒ No	cation to be publicly notified?
MANA WHENUA DET	AILS
Is your proposal located with (operative in part)?  ☐ Yes  ☑ No	in a "site and place of significance to Mana Whenua" as identified in the Auckland Unitary Plan
Is your proposal an activity the water, site, waahi tapu and of Yes  No	hat has the potential to generate effects on Mana Whenua and their relationship with their ancestral land, ther taonga?
Have you contacted all the re <ul> <li>✓ Yes</li> <li>No</li> </ul>	elevant Mana Whenua groups to establish whether their values are affected by your proposal?



Provide details with your application of all Mana Whenua groups and their responses.

## Mana Whenua group [1]

Name of the group

Ngati Manuhiri

Response

Undertaking a CEA which we are still waiting on

## Mana Whenua group [2]

#### Name of the group

Ngai Tai ki Tamaki

#### Response

Neutral and have deferred to Ngati Manuhiri as the key group affected

# Mana Whenua group [3]

Name of the group

Te Kawerau a Maki

#### Response

None to date

#### **ATTACHMENTS**

#### Application plans

ARC Inshore Pakiri Consent (27000 metre) 3.5.07.pdf

#### Certificate of title (less than 3 months old)

Application Resource Consent MBL.pdf

#### Assessment of Environmental Effects (AEE)

Assessment of Environmental Effects MBL.pdf

#### Specialist report(s)

Assessment of Coastal Processes Effects.pdf

Assessment of Ecological Effects.pdf

Assessment of Marine Mammal Effects.pdf

Assessment of Terrestrial Noise Effects.pdf

Assessment of Turbidity Effects.pdf

Assessment of Underwater Acoustics Effects.pdf

Biogenic Sand Production.pdf

Economic Impact Report.pdf

Landscape Assessment Attachments.pdf

Landscape Assessment.pdf

Pakiri\_Hindcast\_Metocean\_Study.pdf

## **TERMS AND CONDITIONS**



Once I submit my application, I accept that:

- a deposit will be charged for credit card or Account2Account payment
- a deposit is not charged for on account payments; the full cost will be invoiced either at completion of the application or on a monthly basis
- I may have to pay additional charges for processing, administration and inspections
- I may receive a refund if the actual costs are lower than the deposit paid
- I can object to and appeal costs relating to the processing, as set out in sections 357B and 358 of the Resource Management Act 1991, up to 15 days after receiving the decision or invoice/debit note
- if any steps, including the use of debt collectors and/or lawyers, are necessary to recover unpaid processing costs, the applicant agrees to pay all collection costs
- if this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company, the applicant binds the trust, society or company to pay all the costs and guarantee to pay all the costs in their personal capacity
- I understand that, when granting consent to certain activities, the council may levy a development contribution under the Local Government Act 2002. When these are due, the consent holder is responsible for the payment, unless otherwise advised
- by submitting this form, I confirm that the council may undertake a site inspection
- the application may be returned if all information under Section 88 of the RMA is not supplied.

I agree to Auckland Council"s terms and conditions and privacy policy.

Deposit: \$7,000.00