Notice of Change of a Permitted Activity Notifier



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

Office Use Only:	
Application No:	
Receipt Date:	
Deposit Paid:	

Accept/ Reject	1.0 PERMITTED ACTI	VITY DETAILS
	Permitted Activity No:	File Reference:
	Authorised Activity:	
	Location/Site Address:	
	Date Change Effective:	
	2.0 PROPERTY DETAI	LS
	Legal description of property activity occurs):	where activity occurs (or for coastal permits, Legal Description of property adjacent to site where
	Property Owner's name: (if different from the holder)	
	Please attach a copy of the Cer	rtificate of Title where this is applicable.

TO BE COMPLETED BY THE PERMITTED ACTIVITY NOTIFIER

3.0 CONTACT DETAI	LS
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
P0285.3 06/07/10	

Accept/ Reject	3.0 CON	TACT DETAILS contd
	The notifier is t Owner The Crown of the site to w	ne:
	4.0 AGEN	IT/CONSULTANT DETAILS (If different from above)
	Company:	Contact Person:
	Postal Address of Agent:	Postcode:
	Phone (day):	Mobile: Fax:
	Email:	Please tick if email preferred method of contact
	5.0 EXIS	ING PERMITTED ACTIVITY HOLDER DECLARATION
		ove, the permitted activity notifier's interest in the permitted activity is hereby transferred, subject to the provisions Management Act and any relevant conditions.
	Name:	Signature:
	Position:	Date:

TO BE COMPLETED BY THE NEW PERMITTED ACTIVITY NOTIFIER

6.0 NEW P	PERMITTED ACTIVITY NOTIFIER CONTACT DETAILS
Name: (please wr names in full)	ite all
Postal Address:	Postcode:
Phone (day):	Mobile: Fax:
Email:	Please tick if email preferred method of contact
	is the: ccupier \Box Lessee \Box Prospective Purchaser \Box The Crown \Box Network Utility Operator \Box Other ch the application relates.
7.0 AGENT	T/CONSULTANT DETAILS (If different from above)
Company:	Contact Person:
Postal Address of Agent:	Postcode:
Phone (day):	Mobile: Fax:
Email:	Please tick if email preferred method of contact

Accept/ Reject 8.0 NEW PERMITTED ACTIVITY HOLDER DECLARATION

Name:			Signature:	
Position:			Date:	
PRIVACY INFORMAT	ON			
The information you h	ve provided on this f	orm is required so that	your application car	n be processed under the RMA, so that stati