**PROPOSED DISTRICT PLAN CHANGE 78**

**SUBMISSION FORM**

General Minor Amendments to District Plan Text and Maps

Form 6, Clause 8 of First Schedule, Resource Management Act 1991

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**Submissions can be:**

<table>
<thead>
<tr>
<th>Emailed to:</th>
<th><a href="mailto:district.plan@wcc.govt.nz">district.plan@wcc.govt.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Posted to:</td>
<td>District Plan Team</td>
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<tr>
<td></td>
<td>Wellington City Council</td>
</tr>
<tr>
<td></td>
<td>PO Box 2199</td>
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<td></td>
<td>Wellington 6011</td>
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<tr>
<td>Delivered to:</td>
<td>Ground Floor Reception</td>
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<td></td>
<td>Civic Square/101 Wakefield Street</td>
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<td>Wellington</td>
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</tbody>
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We need your submission by Wednesday 9 July 2014 at 5pm

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**Your name and contact details**

Full name:

Full address:

Address for service of person making submission:

Email:  
Phone:  
Fax:  

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**Basis of right to make further submission**

I am:  
- [ ] a person representing a relevant aspect of the public interest.
- [ ] a person who has an interest in the proposal that is greater than the interest the general public has.
- [ ] the local authority for the relevant area

Please explain the grounds for making the above statement:
I support or oppose the submission of:
(Please insert the name and address of original submitter and the submission number of original submission)

The particular parts of the submission that I support/oppose are:
(Please continue on separate sheet(s) if necessary.)

The reasons for my support/opposition are:
(Please give precise details)

I/We seek the following decision from the Council:
(Please give precise details)
Please indicate by ticking the relevant box whether you wish to be heard in support of your submission

☐ I wish to speak at the hearing in support of my submission.

☐ I do not wish to speak at the hearing in support of my submission.

Joint submissions

☐ If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

If you have used extra sheets for this submission, please attach them to this form and indicate this below:

☐ Yes, I have attached extra sheets.  ☐ No, I have not attached extra sheets.

Signature of submitter (or person authorised to sign on behalf of submitter):

______________________________________________  Date: _____/_____/

*Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Wellington City Council, with submitters having the right to access and correct personal information.*

Note: A copy of your further submission must be served on the original submitter within 5 working days of making the further submission to the Council