

# Change or cancel resource consent conditions

Under Section 127 or Section 221, Resource Management Act 1991

## Notes for the applicant

Use this form if you want to change or cancel resource consent conditions already granted. If we consider the activity or effects of the change or cancellation are considered to be materially different, you may need to submit a new resource consent application.

If you have any questions, visit [wellington.govt.nz/resourceconsents](http://wellington.govt.nz/resourceconsents), email [planning@wcc.govt.nz](mailto:planning@wcc.govt.nz) or phone us on 04 801 3590.

Send the completed application or hand it in to us at:

**Resource Consents**  
**Wellington City Council**  
**PO Box 2199, 12 Manners Street, Wellington**

## Site address

No.	Street:	Suburb:
Legal description:		

## Applicant details

Full name:	
Postal address:	Electronic address for service:
Phone ( <i>day</i> ):	Mobile:

## Your agent (if applicable)

Name:	
Postal address:	Electronic address for service:
Phone ( <i>day</i> ):	Mobile:

## Owner of the site that is the subject of this application

State the name(s) and address of the owner(s) of the site described above.  
If these are the same as for the applicant, tick this box  and go to the next question.

Name:	
Postal address:	Electronic address for service:
Phone ( <i>day</i> ):	Mobile:

## Description of proposal

Service request number of the resource consent to which this application relates:

Specific condition to which this application relates:

Describe the proposed change:

## Fees

An initial fee must be paid before we can process your application.

I enclose the initial fee of \$ \_\_\_\_\_ paid by (please tick the applicable box):

Credit card

Cheque attached

Internet banking

Service Centre (receipt attached)

I understand that the Council may invoice me for the actual and reasonable costs incurred to process this application - as identified in Section 36 of the Resource Management Act and the Council's current fee schedule.

### Additional fees

If we spend additional time processing requests or incur expenses we need to invoice additional fees. This may happen during processing or once a decision on your application is made. We only charge for amounts over \$65. Likewise, refunds will only be made for unused amounts over \$65.

### Our payment terms

Additional fees are due by the 20th of the month following an invoice. If payment is not received, you will be liable for all legal and collection fees.

The declaration below must be signed by the person(s) or entity responsible for paying the application processing costs. If you are an agent, you will need to obtain the signature of the person(s) responsible for paying the fees before submitting the resource consent application to the Council.

### How to pay

#### Internet banking

The Council's bank account number is 06 0582 0106111 00. Use "RC" followed by the site address as a reference.

#### Cheque

Attach a cheque with your application and send it or hand it in to us at:

Resource Consents  
Wellington City Council  
PO Box 2199  
12 Manners Street, Wellington

#### Online

Pay online using your credit card. Visit [wellington.govt.nz/payonline](http://wellington.govt.nz/payonline), choose Property from the dropdown box and follow the instructions.

#### In person

You can make payments by cash, cheque or EFTPOS at:  
Wellington City Council Service Centre  
12 Manners Street  
8am-5pm, Monday to Friday.

We also accept Visa, MasterCard and American Express.

#### Phone

You can pay over the phone with your credit card.  
Phone us on 04 801 3718.

**Declaration**

Subject to my rights under sections 357B and 358 of the RMA to object to any costs, I undertake to pay all costs associated with this application. I also agree to pay all the costs (*including debt collection or legal fees*) of recovering any unpaid costs.

**Send all additional invoices to**

Full name:

Postal address:

Applicant/Agent/Other (*give details*):Phone (*day*):

Mobile:

Email:

I have read and understand the above conditions.

Signed (*A signature is not required if application is made by electronic means.*)

Date

**Notes for the applicant**

Please send the following information with this application:

If the change sought refers to the repositioning of structures, then attach amended plans to show that the proposal does not alter the aspects of compliance/non-compliance with the District Plan rules.

Include an assessment of environmental effects (AEE) relating to the change or cancellation of condition(s).  
(*Refer to Fourth Schedule of the Resource Management Act 1991, which lists the matters to be covered in an AEE.*)

Include the written approval of anyone considered affected by any change or cancellation of the condition(s).  
(*If the original application was publicly notified under the RMA, please contact a planning officer on 801 3590 to discuss written approval requirements.*)

A new resource consent application may be required if the activity or effects are considered to be materially different. Incomplete applications will be returned. The Council may also request further information under Section 92 of the Resource Management Act 1991, to better understand the potential effects of the proposal.

Once this application is lodged with the Council, it becomes public information. If there is sensitive information in the proposal, please let us know.

**Privacy information**

The information you have provided on this form is required so that your application can be processed under the Resource Management Act 1991, and so that statistics can be collected by Wellington City Council. The information will be stored on a public register and held by Wellington City Council.

Under the Privacy Act 1993, you have the right to see and correct personal information.

### Signature of applicant(s) or agent

Declaration for the applicant or authorised agent or other

I/we confirm that I/we have read and understood the notes above. If a private or family trust is the applicant, at least two New Zealand-based trustees are required to provide contact details and sign this form.

Applicant's name:

Applicant's signature\*

Date

Applicant's name:

Applicant's signature\*

Date

Applicant's name:

Applicant's signature\*

Date

### Declaration for the agent authorised to sign on behalf of the applicant

As authorised agent for the applicant, I confirm that I have read and understood the above notes and confirm that I have fully informed the applicant of their/its liability under this document, including for fees and other charges, and that I have the applicant's authority to sign this application on their/its behalf.

Agent's full name:

Agent's signature\*

Date

### How do you wish to be served with any correspondence

via email (*please ensure you have provided your email address on page 1*)

via post, ie hardcopy

\* A signature is not required if the application is made by electronic means,