

Objection to additional resource consent fees

Under Section 357B, Resource Management Act 1991

Notes for the applicant

Use this form to let us know you object to any additional fees that have been calculated and why.

If you have any questions, visit wellington.govt.nz/resourceconsents, email planning@wcc.govt.nz or phone us on 04 801 3590.

You can email the completed form to planning@wcc.govt.nz

or send it to: **Wellington City Council, PO Box 2199, Wellington**

or hand it to us at a Council service desk at: Te Awe Library, 29 Brandon Street, 8am–5pm Monday to Friday
or Johnsonville Library, 34 Moorefield Road, 10am–5pm Monday to Friday.

Site address

No.	Street	Suburb
Legal description		
Service request number of the resource consent to which this application relates		

Applicant details

Full name	
Postal address	
Phone (<i>day</i>)	Mobile
Email	Fax

Your agent (if applicable)

Name	
Postal address	
Phone (<i>day</i>)	Mobile
Email	Fax

Owner's details (if different from above)

Name	
Postal address	
Phone (<i>day</i>)	Mobile
Email	Fax

Reasons for your objection

Please explain why you object to the fees as calculated.

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 2020, you have the right to see and correct personal information.

Please Note

Under section 357C (1) of the Resource Management Act, objections must be made in writing no more than 15 working days after the decision is notified. The Council may accept late objections at its discretion.

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, 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