



APPLICATION FOR RESOURCE CONSENT SURRENDER OF CONSENT APPLICATION



Under Section 138 of the Resource Management Act 1991

PLEASE COMPLETE ALL MANDATORY FIELDS* OF THIS FORM.



APPLICANT // Must be a person or legal entity (limited liability company or trust). Full names of all trustees required.

*Applicant's Full Name / Company / Trust:
(Name of consent holder)

*All trustee names (if applicable):

Contact Name if company or trust:

*Postal Address:

*Post code:

*Email Address:

*Phone Numbers: Day

Mobile:



CORRESPONDENCE DETAILS // If different than above – E.g. consultant, agent or architect

Name & Company:

Phone Numbers: Day

Mobile:

Email Address:



Our preferred methods of corresponding with you are by email and phone.
The decision will be sent to the Correspondence Details by email unless requested otherwise.



INVOICING DETAILS //

Invoices will be made out to the applicant but can be sent to another party if paying on the applicant's behalf.
For more information regarding payment please refer to the Fees Information section of this form.

Please select a preference for who should receive any invoices and how they would like to receive them.

Applicant:

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Agent:

☐

Other, please specify:

Email:

☐

Post:

☐

Please provide an email AND full postal address.

*Attention:

*Postal Address:

*Post code:

*Email:



RESOURCE CONSENT BEING SURRENDERED

*Provide RM number of Resource Consent to be surrendered: RM



Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348
Gorge Road, Queenstown 9300

P: 03 441 0499
E: resourceconsent@qldc.govt.nz
www.qldc.govt.nz



DETAILS OF SITE

*Address / Location to which this application relates:

*Legal Description: Can be found on the Computer Freehold Register or Rates Notice – e.g Lot x DPxxx (or valuation number)



PAYMENT // An initial fee of \$195 payable upon submitting this application.

Please note processing will not begin until payment is received (or identified if incorrectly referenced).

I confirm payment by:

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Bank transfer to account 02 0948 0002000 000 (If paying from overseas swiftcode is – BKNZNZ22)

Use the reference RM and the first 5 letters of applicant name (e.g RMJONES)- if paying prior to submitting application

Use the RM# reference provided by Planning Support (e.g RM170123) - if paying after submitting application

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Cheque payable to Queenstown Lakes District Council attached

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Manual Payment at reception (can only be accepted once application has been lodged and acknowledgement email received with your unique RM reference number)

*Reference

*Amount Paid

(For required initial fees refer to website for Resource Consent Charges or speak to the Duty Planner by phoning 03 441 0499)

*Date of Payment

APPLICATION & DECLARATION

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

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If lodging this application as **the Applicant:**

I/we hereby represent and warrant that I am/we are aware of all of my/our obligations arising under this application including, in particular but without limitation, my/our obligation to pay all fees and administrative charges (including debt recovery and legal expenses) payable under this application.

OR:

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If lodging this application as **agent of the Applicant:**

I/we hereby represent and warrant that I am/we are authorised to act as agent of the Applicant in respect of the completion and lodging of this application and that the Applicant is aware of all of his/her/its obligations arising under this application including, in particular but without limitation, his/her/its obligation to pay all fees and administrative charges (including debt recovery and legal expenses) payable under this application.

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I hereby apply for the resource consent(s) for the Proposal described above and I certify that, to the best of my knowledge and belief, the information given in this application is complete and accurate.

PLEASE TICK

*Signed (by or as authorised agent of the Applicant) **

*Full name of person lodging this form

Firm/Company

*Dated

**If this form is being completed on-line you will not be able, or required, to sign this form and the on-line lodgement will be treated as confirmation of your acknowledgement and acceptance of the above responsibilities and liabilities and that you have made the above representations, warranties and certification.

