

# Written approval for deemed permitted boundary activity

Pursuant to Section 87 BA, Resource Management Act 1991 | Schedule 4 Form 8B | r 15(3)



## Written approval for deemed permitted boundary activity

To Palmerston North City Council,

Name of person giving written approval *(full name)*:

\*I am the owner of the following property *(address of property)*:

*\*omit this paragraph if it does not apply.*

## Contact details of person giving written approval

Email:

Phone *(day)*:

Phone *(night)*:

Postal address *(or alternative method of service under section 352 of the Resource Management Act 1991)*:

Contact person: *(name and designation, if applicable)*:

*\* A signature is not required if you give your written approval by electronic means (note: that the plans do need to be signed).*

I have authority to sign on behalf of all the other owners of the property.

This is written approval for the proposed activity that is the subject of a deemed permitted boundary activity application.

I have read the description of the activity at the following property *(address of the property with the boundary activity)*:

and seen and signed the site plans attached.

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## **NOTE TO AFFECTED PERSON SIGNING WRITTEN APPROVAL:**

You should only sign this form if you fully understand the proposal. You should seek expert or legal advice if you need the proposal or deemed permitted boundary activity process explained to you.

Conditional written approvals cannot be accepted, and written approvals cannot be withdrawn once provided.

There is no obligation to sign this form, and no reasons need to be given.

If you do not sign this form, resource consent may be required for the activity and you may have the opportunity to submit on the application.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

In signing this written approval, I confirm that I understand the proposal and understand that the consent authority will permit the applicant to undertake the activity (provided they have supplied the correct information, including all other written approvals required).

I understand that I may not withdraw my written approval.

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## **Signature of affected person**

Sign\*:

Date:

*\* Signature of person giving written approval (or person authorised to sign on behalf of person giving written approval:*