

# Form 8B - Written approval of affected persons - deemed permitted boundary activity



Section 87BA Resource Management Act 1991

## Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

## Affected persons (Please print in CAPITALS)

Full name of affected person(s)

  

Address of affected property

Postal address

Town

Postcode

Home phone number

Work phone number

Mobile phone number

Email

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

☐ Yes☐ No☐ Not applicable - I am the only owner of the above property

## Approval

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

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 Conditional written approvals cannot be accepted, and written approvals cannot be withdrawn once provided.*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

*Form 8B: inserted, on 18 October 2017, by regulation 15(3) of the Resource Management (Forms, Fees, and Procedure) Amendment Regulations 2017 (LI 2017/231).*

I have read the description of the activity at the following property:

  

*and have seen and signed the site and elevation plans attached.*

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).

Signature of affected person(s)

 /  / 2 0

Date