

*Email:

RIGHT OF WAY



Section 348 Local Government Act 1974

PLEASE COMPLETE ALL MANDATORY FIELDS* OF THIS FORM.

This form provides contact information and details of your application. If your form does not provide the required information it will be returned to you to complete. Until we receive a completed form and payment of the initial fee, your application may not be accepted for processing.



APPLICANT // ·	Must be a person or legal entity (limited liability company Full names of all trustees required. The applicant name(s) will be the consent holder(s) respor		d costs
*Applicant's Full Name / Compan (Name Decision is to be issued in)	y / Trust:		
All trustee names (if applicable):			
Contact Name if company or trus	t:		
*Postal Address:			*Post code:
*Contact details supplied must be for the app	licant and <u>not for the agent acting on their behalf</u> and must inc	ude a valid postal address	
*Email Address:			
*Phone Numbers: Day		Mobile:	
The Applicant is: Owner Occupier Other - Please	Lessee	(of the site to which the application re	lates)
CORRESPONDENCE DE	TAILS // If you are acting on behalf of the app		hitect
	please fill in your details in t	nis section.	
Name & Company:	please fill in your details in t		
Phone Numbers: Day	please fill in your details in t	nis section. Mobile:	
Phone Numbers: Day Email Address: Our preferred methods of o	please fill in your details in to corresponding with you are by email and photo the Correspondence Details by email unless	Mobile:	
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Phone Numbers: Day Email Address: Our preferred methods of of The decision will be sent to INVOICING DETAILS // Invoices will be made out to the application for more information regarding payment Please select a preference for who should read Applicant:	corresponding with you are by email and photo the Correspondence Details by email unless int but can be sent to another party if paying on the applit please refer to the Fees Information section of this foreceive any invoices and how they would like to receive Agent:	Mobile: ne. equested otherwise. plicant's behalf. rm.	
Phone Numbers: Day Email Address: Our preferred methods of of The decision will be sent to INVOICING DETAILS // Invoices will be made out to the applica For more information regarding paymer Please select a preference for who should re Applicant: Email:	corresponding with you are by email and phore the Correspondence Details by email unless and but can be sent to another party if paying on the apput please refer to the Fees Information section of this for ecceive any invoices and how they would like to receive Agent: Post:	Mobile: ne. requested otherwise. plicant's behalf. m.	
Phone Numbers: Day Email Address: Our preferred methods of of The decision will be sent to INVOICING DETAILS // Invoices will be made out to the application for more information regarding payment Please select a preference for who should read Applicant:	corresponding with you are by email and phore the Correspondence Details by email unless and but can be sent to another party if paying on the apput please refer to the Fees Information section of this for ecceive any invoices and how they would like to receive Agent: Post:	Mobile: ne. requested otherwise. plicant's behalf. m.	



Name:

Address:

Legal Description:



Note: Please attach a copy of the Computer Register (Certificate of Title) for the property(s), which is no more than 3 months old. These can be obtained from Land Information NZ at https://apps.linz.govt.nz/survey-titles/order-copy/





LAND IN FAVOUR OF WHICH EASEMENT IS TO BE CREATED



Details of the Owner/Occupiers of the land to which the application relates: (please list on separate sheet where multiple Lots)

Name:

Address:

Legal Description:



Note: Please attach a copy of the Computer Register (Certificate of Title) for the property(s), which is no more than 3 months old. These can be obtained from Land Information NZ at https://apps.linz.govt.nz/survey-titles/order-copy/





TOTAL NUMBER OF END USERS BENEFITTING FROM THE ROW





ADDITIONAL INFORMATION //



Attachments: I attach (tick as appropriate)

\$	The application fee of \$660
	A detailed description of the proposal
	A current Computer Register (Certificate of Title) (no more than three months old) for the properties benefitting from the use or granting the ROW
	Identification of those persons who are currently entitled to use the Right of Way
S umman 1	A plan of the proposed ROW detailing legal widths and physical widths of the ROW formation
	Identification of any District Plan Rules breached
	Details of any building consents for private drainage and any related retaining walls (building consent reference numbers and or drainage plans)
	Details and engineering drawings locating other services or confirmation that no other services affected
	Details of method for disposing of stormwater run-off from the carriageway
	Other (please specify)

Please remember to sign the certification if applicable and have the payment section signed by the party responsible for payment.

Please note your application will not be accepted until all of the required information has been supplied to Queenstown Lakes District Council.



We prefer to receive applications electronically Please ensure documents are scanned at a minimum resolution of 300 dpi Each document should be no greater than 10mb



FEES INFORMATION

An initial fee for processing this application will be charged at the time of lodgement in accordance with QLDC's fee schedule. This initial fee must accompany your application for processing to commence. If the initial fee is insufficient to cover the actual and reasonable costs of work undertaken on the application you will be required to pay any additional amount and will be invoiced monthly as work on the application continues.

Invoiced sums are payable by the 20th of the month after the work was undertaken. If unpaid, the processing of an application, provision of a service, or performance of a function will be suspended until the sum is paid. You may also be required to make an additional payment, or bring the account up to date, prior to milestones such as notification, setting a hearing date or releasing the decision. In particular, all charges related to processing of a resource consent application are payable prior to issuing of the decision. Payment is due on the 20th of the month or prior to the issue date – whichever is earlier.

LIABILITY FOR PAYMENT - Please note that by signing and lodging this application form you are acknowledging that the details in the invoicing section are responsible for payment of invoices and in addition will be liable to pay all costs and expenses of debt recovery and/or legal costs incurred by QLDC related to the enforcement of any debt.



PRIVACY INFORMATION

The information you have provided on this form is required so that your application can be processed under the Local Government Act 1974 and may also be used in statistics collected by QLDC and provided to the Ministry for the Environment. The information will be stored on a public register and may be made available to the public on request or on the company's or the Council's websites.





\$

PAYMENT // An initial fee must be paid prior to or at the time of the application and proof of payment submitted.

Please reference your	payments as f	ollows
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Applications yet to be submitted: RM followed by first 5 letters of applicant name e.g RMJONES

Applications already submitted: Please use the RM# reference that has been assigned to your application, this will have been emailed to yourself or your agent.

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

I confirm payment by:	Bank transfer to account 02 0948 0002000 000 (If paying from overseas swiftcode is – BKNZNZ22)
	Invoice for initial fee requested and payment to follow
	Manual Payment at reception (can only be accepted once application has been lodged and acknowledgment 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	



OR:

APPLICATION & DECLARATION

ncil relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable ensure that it is complete and accurate and accepts responsibility for information in this application being complete and accurate
If signing 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 as referred to the Fees Information section.
If signing as agent of the Applicant:
If signing 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 / Agent whose details are in the invoicing section 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 as referred to the Fees Information section.
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.



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

Name (of person signing) PLEASE PRINT

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.



