



File Number:  
Submission Number:  
(for office use only)

**Form 13**  
**SUBMISSION ON AN APPLICATION FOR RESOURCE CONSENT**  
**UNDER SECTIONS 95A, 95B, 95C, 96, 127(3), 136(4), 137(5)(c), AND 234(4) OF**  
**THE RESOURCE MANAGEMENT ACT 1991**

Please ensure that your completed submission is received by the Upper Hutt City Council no later than 5pm on the closing date of submissions. The closing date for serving submissions on the Council is the 20<sup>th</sup> working day after public notification is given under section 95A or 95C or notice is served under section 95B of the Resource Management Act 1991.

You must also forward a copy of your submission to the applicants at their address for service as given in the public notice as soon as reasonably practicable after you have served your submission on the Council.

Submissions can be:

**Delivered to - Level 2 Reception, Civic Administration Building, 838 – 842 Fergusson Drive, Upper Hutt**

**Posted to - The Planning Team, Upper Hutt City Council, Private Bag 907, Upper Hutt**

**Faxed to - (04) 528 2652**

**Emailed to - [askus@uhcc.govt.nz](mailto:askus@uhcc.govt.nz)**

**NOTES ON MAKING A SUBMISSION**

**Notification:**

The Resource Management Act allows any person to make a submission on a resource consent application publicly notified under Section 95A or 95C, but a person who is a trade competitor of the applicant may do so only if that person is directly affected by an effect of the activity to which the application relates that—

- (a) adversely affects the environment; and
- (b) does not relate to trade competition or the effects of trade competition.

This ensures that the views of the public are taken into account before a decision is made.

**Limited Notification:**

The Resource Management Act allows any person served with the notice of the application under Section 95B to make a submission on a resource consent application. This ensures that the views of affected persons are taken into account before a decision is made.

By making a submission, you may appear at a Hearing to present your views directly to the Council. There is a section in this form for you to indicate whether you wish to appear at a Hearing. Appearance at a Hearing is not compulsory and any submitter not appearing will still have equal consideration given to their views before a decision is made.

You have 20 working days after the public notification or service of the application to make your submission and lodge it with the Council. After the period for submissions has closed, all submissions will be carefully considered. If there are submitters wishing to be heard, a Hearing will be held and a decision made by Councillors.

A submission may be withdrawn at any time before the Hearing or Committee meeting dealing with the application. Please inform the Council as soon as possible if you wish to withdraw a submission or if you change your mind about appearing at a Hearing.

**DETAILS OF SUBMITTER**

NAME OF SUBMITTER	
AGENT ACTING FOR SUBMITTER (if applicable)	
POSTAL ADDRESS OF SUBMITTER	
ADDRESS FOR SERVICE (if different from above)	

CONTACT PHONE NUMBERS / EMAIL	Daytime Telephone:	Facsimile:
	Cellphone:	Email:

**DETAILS OF APPLICATION TO WHICH SUBMISSION RELATES**

NAME OF APPLICANT	
ADDRESS OF PROPOSAL	
DESCRIPTION OF PROPOSAL	

**DETAILS OF SUBMISSION**

PLEASE CONFIRM WHETHER YOUR SUBMISSION IS IN SUPPORT, IN OPPOSITION OR IN A NEUTRAL POSITION TO THE ABOVE APPLICATION (tick relevant box)	MY SUBMISSION IS <b>IN SUPPORT</b>	
	MY SUBMISSION IS <b>NEUTRAL</b>	
	MY SUBMISSION IS <b>IN OPPOSITION</b>	
NATURE OF SUPPORT, OPPOSITION OR NEUTRAL POSITION AND REASONS – please provide an explanation of the particular parts of the application you support or oppose or are neutral on (continue on separate sheet if required):		

DECISION YOU WISH THE COUNCIL TO MAKE – please provide details of the decision you wish the Council to make, including any conditions sought:

APPEARANCE AT COUNCIL HEARING – please confirm whether you would like to appear in person (or via a representative or agent) at a Council Hearing in support of your submission (Tick appropriate box)

I **DO** WISH TO BE HEARD IN SUPPORT OF MY SUBMISSION

I **DO NOT** WISH TO BE HEARD IN SUPPORT OF MY SUBMISSION

### JOINT SUBMISSIONS

If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

I **WILL** CONSIDER PRESENTING A JOINT CASE

### SIGNATURE AND DATE

\_\_\_\_\_  
*Signature of submitter or submitters agent / representative.*

*A Signature is not required if you make your submission electronically*

\_\_\_\_\_  
*Date*