



OFFICE USE ONLY

Submission number

PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL DISTRICT PLAN

Intensification Planning Instrument (IPI)—Planning for Growth

The closing date for further submissions is **Wednesday, 7 December 2022, at 5.00 pm**

To Upper Hutt City Council

Further submission only in **support of** or **opposition to** a submission on publicly notified Intensification Planning Instrument (IPI) to the Upper Hutt City Council District Plan

Deliver to: HAPAI Service Centre, 879 – 881 Fergusson Drive, Upper Hutt 5019

Post to: Planning Policy Team, Upper Hutt City Council, Private Bag 907, Upper Hutt 5140

Scan and email to: planning@uhcc.govt.nz

A copy of this further submission must also be served on the original submitter within 5 working days after making this further submission to Council.

Details of submitter

When a person or group makes a further submission on a Proposed Plan Change this is public information. By making a further submission your personal details, including your name and addresses, will be made publicly available under the Resource Management Act 1991. There are limited circumstances when your submission or your contact details can be kept confidential. If you consider you have reasons why your submission or your contact details should be kept confidential, please contact the Planning Team via email at planning@uhcc.govt.nz.

NAME OF SUBMITTER

POSTAL ADDRESS OF SUBMITTER

AGENT ACTING FOR SUBMITTER (IF APPLICABLE)

ADDRESS FOR SERVICE (IF DIFFERENT FROM ABOVE)

CONTACT TELEPHONE

CONTACT EMAIL

I am (please tick all that apply ☑):

A person representing a relevant aspect of the public interest

PLEASE SPECIFY THE GROUNDS FOR SAYING YOU COME WITHIN THIS CATEGORY

A person who has an interest in the proposal that is greater than the general public has

PLEASE SPECIFY THE GROUNDS FOR SAYING YOU COME WITHIN THIS CATEGORY

The local authority for the relevant area

Details of further submission

To **support** / **oppose** (tick one) the submission of:

NAME OF ORIGINAL SUBMITTER

POSTAL ADDRESS OF ORIGINAL SUBMITTER

SUBMISSION NUMBER

The particular parts of their submission that I support or oppose are:

PLEASE CLEARLY INDICATE WHICH PARTS OF THE ORIGINAL SUBMISSION YOU SUPPORT OR OPPOSE, TOGETHER WITH ANY RELEVANT PROVISIONS OF THE PROPOSED PLAN CHANGE. PLEASE USE ADDITIONAL PAPER IF NECESSARY

The reasons for my support or opposition are:

PLEASE GIVE PRECISE DETAILS AND USE ADDITIONAL PAPER IF NECESSARY

I seek that the whole of the submission be **allowed** / **disallowed** (tick one) **OR**

I seek that the following parts of the submission be allowed/disallowed:

PLEASE GIVE PRECISE DETAILS OF THE PARTS OF THE SUBMISSION THAT YOU SEEK TO BE ALLOWED OR DISALLOWED. USE ADDITIONAL PAPER IF NECESSARY

Please indicate whether you wish to be heard 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.

Please indicate whether you wish to make a joint case at the hearing if others make a similar submission (tick appropriate box):

- I **do** wish to make a joint case.
 I **do not** wish to make a joint case.

Signature and date

Signature of person making submission or person authorised to sign on behalf of person making submission:

SIGNATURE

DATE
