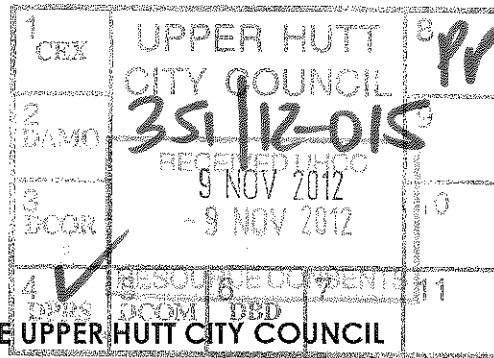


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**SUBMISSION FORM (FORM 5)**

**PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL  
DISTRICT PLAN: PROPOSED PLAN CHANGE 15 – FLOOD AND EROSION  
HAZARD AREAS**

To: Upper Hutt City Council

Submission on Proposed Plan Change No. 15 to the Upper Hutt City Council District Plan

Submissions can be:

File Number: 351/12/015  
Submission Number:  
(for office use only)

Delivered to: Level 2 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt  
Posted to: Proposed Plan Change No. 15, Upper Hutt City Council, Private Bag 907, Upper Hutt  
Faxed to: (04) 528 2652  
Emailed to: askus@uhcc.govt.nz

**The closing date for submissions is Friday 9<sup>th</sup> November 2012 at 5pm**

**DETAILS OF SUBMITTER**

Name of submitter	John Moynihan		
Postal address of submitter	42 Dorset Rd. Upper Hutt		
Agent acting for submitter (if applicable)			
Address for service (if different from above)			
Contact phone/fax number	Daytime Telephone:	Fax:	
	5285429	5274902	
I could gain an advantage in trade competition through this submission (Please tick one)	<input type="checkbox"/> NO	<b>Only answer this question if you ticked YES:</b>  I am / am not (select one) directly affected by an effect of the subject matter of the submission that: (a) adversely affects the environment; and (b) does not relate to trade competition or the effects of trade competition.	
	<input type="checkbox"/> YES		

DETAILS OF SUBMISSION

The specific provisions of the proposed Plan Change that my submission relates to are as follows:

Validity of Analyses  
Unclear Information  
Negative effects on Property Rights  
Limitations & Costs to Personal Freedoms

My submission is that:

This Submission is an Unnecessary Waste  
of Public Monies and Opposed  
Based on Inadequate Science  
& Wrong Calculations

(Please state in summary the nature of your submission. Clearly indicate whether you support or oppose the specific provisions or wish to have amendments made, giving reasons. Please use additional sheets if necessary)

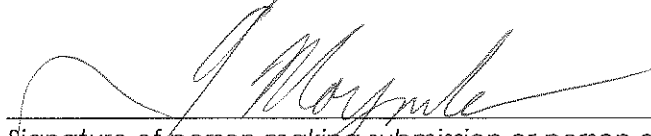
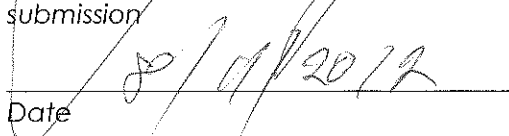
I seek the following decision from the local authority:

The Cancellation of this Submission  
and Changes Proposed

(Please give precise details and use additional sheets 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	<input checked="" type="checkbox"/>
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

Date
<i>(Note: A signature is not required if you are making your submission by electronic means)</i>

**PLEASE NOTE THAT THE INFORMATION PROVIDED IN YOUR SUBMISSION, INCLUDING YOUR CONTACT DETAILS, WILL BE AVAILABLE TO THE PUBLIC**