

Notice of surrender of a resource consent

Section 138 Resource Management Act 1991

Submit this form online at: or Emailto: resourceconsentapplications@ccc.govt.nz; or

Deliver to: Resource Consents Unit, Christchurch City Council, 53 Hereford Street, Christchurch; or Send to: Resource Consents Unit, Christchurch City Council, PO Box 73013, Christchurch Mail Centre, Christchurch, 8154

For enquiries phone: (03) 941 8999 or email DutyPlanner@ccc.govt.nz

About this form

This form is used where a consent holder wishes to surrender an existing resource consent under section 138 of the Resource Management Act 1991.

A processing fee must be paid before your request will be considered (refer Resource Management <u>Fee Schedule</u>). An invoice will be issued when the application has been received.

1. Details of the consent to be surrendered		
RMA number:		
Site address:		
Legal description:		
I wish to surrender this res	source consent: (please tick one)	
☐ In whole		
☐ In part only, as per the explanation provided in section 5 of this form.		
2. Consent holder de	etails	
	consent holder) is responsible for the fees associated with this application, unless specified otherwise in Section 4. Where there actice to communicate with both the agent and the applicant.	
Full name (including middle	name):	
OR		
Registered Company / Trust Organisation name:		
Contact person / Trustee nar	mes:	
Landline:	Mobile:	
Email:		
Postal Address:		
3. Agent details		
Name of Agent:		
Name of firm:		
Landline:	Mobile:	
Email:		
Postal Address:		

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4. Invoicing details		
The invoice for the processing fee is to be made out to:		
Consent holder (Their full details must be provided in section 2 above)		
☐ Agent		
☐ Existing 'on-account' cust	omer Account customer name:	
☐ Other (specify below)		
Name:		
Email:		
Postal Address:		
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5. Explanation for partial surrender		
Note: This section does not need to be completed if the whole consent is being surrendered. Use additional pages if necessary.		
6. Declaration		
I confirm that I am the holder of this resource consent or am authorised to act on behalf of the consent holder.		
I have completed all relevant sections of this form and I understand that it may be returned as incomplete if it does not include all of the necessary information.		
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	ed with this notice is, to the best of my knowledge, true and correct. I understand that all information ication is required to be kept available for public record, therefore the public (including business	
organisations, media and other units of the Council) may view this application, once submitted. It may also be made available to the public		
	here is commercially sensitive information in your notice please let us know.	
Signature of consent holder (or person authorised to sign on behalf of consent holder):		
Date	Print name	
If you are signing this application on behalf of a company/trust/other entity, you are declaring that you are duly authorised to sign on behalf of that entity.		
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Privacy information The Council is subject to the Privacy Act 1993. For a full privacy attachment and battery (loss governor) the council (boys the council).		
The Council is subject to the Privacy Act 1993. For a full privacy statement see: https://ccc.govt.nz/the-council/how-the-council-works/privacy-statement/ . If you would like to request access to, or correction of, your details, please contact us.		