

stratford.govt.nz



FORM 9A

## Application for Deemed Permitted Boundary Activity

Section 87BA Resource Management Act 1991

This form provides Stratford District Council with your contact details, and details about your proposed boundary activity. Note that all the information provided in your application is available to the public.

We recommend that you talk your proposal through with council staff before you fill in this form to ensure your proposal is eligible to be considered as a deemed permitted boundary activity.

PREAPPLICATION INFORMATION		
Have you had a preapplication meeting with the counc	il regarding your proposal?	
If Yes Date of meeting	Council reference or council officer	
It is important that you answer <u>all</u> questions fully.		
APPLICATION SITE DETAILS		
Street No Street	Suburb	
Legal Description(s)		
THE APPLICANT		
Full Name	Email	
Postal Address (or alternative method of service under section 352 of the RMA):		
Phone	Mobile	
AGENT/CONSULTANT (if applicable)		
Name of Agent	Email	
Company		
Postal Address (or alternative method of service under section 352 of the RMA):		
Phone	Mobile	

OWNER(S) OF SITE TO WHICH APPLICATION RELATES (if different from above)		
Full Name	Email	
Postal Address (or alternative method of service under section 352 of the RMA):		
Phone	Mobile	
DESCRIPTION OF PROPOSAL		
Describe your proposal (boundary activity) clearly		
REGISTERED OWNER(S) OF ALLOTMENT(S) WITH INF	RINGED BOUNDARY	
Infringed Boundary Details		
Address of allotment with infringed boundary		
Full name of registered owner		
Address (if different to above)		
Written approval obtained (signed written approval fo	orm attached)	
Plan(s) signed (submitted with application)		
Address of allotment with infringed boundary		
Full name of registered owner		
Address (if different to above)		
Written approval obtained (signed written approval form attached)		
Plan(s) signed (submitted with application)		
Address of allotment with infringed boundary		
Full name of registered owner		
Address (if different to above)		
Written approval obtained (signed written approval fo	orm attached)	
Plan(s) signed (submitted with application)		

INFORMATION REQU	UIREMENTS
Administrative information	requirements
☐ A copy of all infor	mation, including plans.
Certificate of title	(less than three months old)
To satisfy the requirement	s of section 87BA of Resource Management Act 1991, please attach the following information to your application:
Plans (Drawn to s	scale)
Location Plan: sh properties	nowing the street address of the subject site and accurately identifying neighbouring
	ng the shape and location (distance) of the proposed structure to any 'infringed boundary'.  has any other bulk and location rules (such as site coverage), the plan also needs to show hese.
	ngs of all structures to be built or altered, showing the relationship of structures to certificate s, natural/finished ground level, and showing compliance with relevant district plan.
	edule and/or other supporting information that explains how the activity complies with nt/rules in the District Plan
	<b>n approvals</b> from all registered owners of all allotments with infringed boundaries (written gned and dated, all proposal plans signed and dated by all owners with infringed boundaries).
SIGNATURE OF APPL	JICANT(S) OR AGENT
<b>Note</b> : A signature is not re	quired if the application is made by electronic means (note: the plans do need to be signed by all owners of ooundaries). If signing on behalf of a trust or company, please provide additional written evidence that you have
correct.	t, to the best of my knowledge and belief, the information given in this application is true and all actual and reasonable application costs incurred by the Stratford District Council.
Applicants/Agents nar	ne
Applicants/Agents sign	nature Date
If signing on beha	If of a trust or company, please provide additional written evidence that you have signing authority.
Please send to: Environme	ental Services Planning, PO Box 320, Stratford 4352 <b>Email:</b> environmental@stratford.govt.nz <b>Phone:</b> (06) 765 6099
	OFFICE USE ONLY
Application Number(s)	Date Date