

Written Approval of Affected Persons

Form 8a of the Resource Management Regulations 2003.

Affected persons written approval to an activity that is the subject of a resource consent application.

Note to affected person(s) signing written approval form:

Before asking for your written approval the applicant should fully explain the proposal to you. You should look at the application containing a description of the activity and the accompanying plans. If you decide to give written approval to this application, you must complete the form and sign the applicant's plans. You should only sign this form if you fully understand the proposal. You should seek expert or legal advice if you need the proposal or resource consent process explained to you. You may also contact Council for assistance.

Conditional written approval **cannot** be accepted. There is no obligation to sign this form, and no reasons need to be given. If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

To be completed by the applicant

To: Name of Council that is the consent authority for this application: [Waipa District Council](#)

Applicant Name

Full name:

Toitū Te Whenua Land Information New Zealand

Contact daytime phone:

Bryan Daly 027 264 6885

Location of Proposed Activity

Please complete with as many details as you can, so the site for your proposal is clearly identifiable. Include details such as unit number, street number, street name and town.

Property address:

Former Tokanui Hospital Site, 149 Te Mawhai Road, Kihikihi

Legal description:

Section 1 SO 44852

Description of Proposed Activity

Please provide a brief description of your proposal, including which District Plan Rules or standards are infringed.

Landfill upgrade including reopening, adding new material, consolidating existing material and closing/recapping, culvert removal



To be completed by affected person:

Owner to Complete



I/we are also the occupier(s)

Full name of all property owners:

AgResearch Limited

Being the owner/s of Street address:

Farm Road, Tokanui

Legal description:

Lot 2-3 Deposited Plan South Auckland, 68439 and Section 1 Survey Office Plan,



I/we have authority to sign on behalf of all of the owners of the property.



I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans.



I/we have signed and dated each page.



Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us.



I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined.

Occupier to Complete



I/we are also the occupier(s)

Full name of all occupiers:

Being the occupiers of Street address:

Legal description:



I/we have authority to sign on behalf of all of the occupiers of the property.



I/we have read the full application for resource consent, the Assessment of Environmental Effects and any associated plans.



I/we have signed and dated each page.



Declaration: In signing this written approval, I/we understand that Council must decide that I/we are no longer an affected person, and Council must not have regard to any adverse effect on me/us.



I/we understand that I/we may withdraw my/our written approval by giving written notice to Council before the hearing, if there is one, or, if there is not, before the application is determined.

Signed (All owners or authorised persons):


Business Manager, Infrastructure.

Date:

12/11/24.

Fax/Email:

Contact Phone Number:

027 5555641.

Postal Address:

Private Bag 4749
Christchurch 8140-

Signed (All occupiers or authorised persons):

Date:

Fax/Email:

Contact Phone Number:

Postal Address: