Existing Use Rights Certificate Application Form

Section 139A of the Resource Management Act 1991 (RMA). This form provides us with your contact information and details about your application. Please print clearly and complete all sections.

Note to applicant:

You must include all information required by this form. The information must be specified in sufficient detail to satisfy the purpose for which it is required.

Please print clearly and complete all sections.

To: Name of Council that is the consent authority for this application: Select a Council

Applicant Name

Please provide the full name of the persons, company, society or trust applying for this certificate. If the applicant is a trust, please provide the full name/s of all trustees of that trust.					
Applicant Cor	ntact Details				
Postal Address:					
Post code:		Email:			
Phone:		Mobile:			
Agent Contac	t Details				
If you have an agent or other person acting on your hehalf, please complete the details below					



Agent:

















Contact:					
Postal Address:					
Post code:	Ema	nil:			
Phone:	Mo	oile:			
Location of la	and use for which Existing Use Certificate is sought				
Please complete with as much detail as you can, so the location of land use is clearly identifiable. Include details such as unit number, street number, street name and town.					
Property addre	ress:				
Legal descript	otion:				
Owner/Occupier of site					
Landowner's full name, phone number and address:					
OR					
☐ Same	ne as applicant details				
Occupier's full name, phone number and address:					
OR					
☐ Same	ne as applicant details				

Descrip	tion of ex	isting land use			
Please p	rovide a b	rief description of the existing land use.			
Assessn	nent of ex	isting land use			
		formation contained in "Information Checklist fo cil's website.	r Application for Existing Use	e Certificat	e". This checklist is
Pre-app	lication in	nformation			
We reco	mmend th	nat you have a pre-application discussion about yo	our application with a Counc	il planner.	
Have yo	u had a pro	e-application meeting with a Council planner?		Yes	□ No
Have yo	u had any	other conversations with any other Council staff?		Yes	□ No
Date of m	eeting:				
Please p	orovide th	e names of Council staff you have spoken with			
If notes	of the mee	eting or other conversations were provided to you	u, please attach copies.		
Have yo	u attached	any minutes/notes from the meeting?		Yes	□ No
Site visi	t requirer	nents			
	As landowner and with the consent of any occupiers or lessee, I am aware that Council staff or authorised consultants will visit the site which is the subject of this application for the purposes of assessing this application, and agree to a site visit.				
OR					
		oplicant is not the landowner, I understand that O ject of this application, for the purposes of assess			

Is there a locked gate or security system restricting access by Council staff?	☐ Yes	□ No			
Are there any dogs on the property?	☐ Yes	□ No			
Are there any hazards that may place a visitor at risk?	☐ Yes	□ No			
Provide details of any entry restrictions that Council staff should be aware of e.g	g. health and safety,	organic farm etc.			
Signature of the Applicant(s) or Agent					
Please read before signing the application form.					
Payment of fees and charges					
You must pay the charges payable to Council for this application under the RMA. Please refer to Council's Fees and Charges on its website.					
By submitting this application to Council, you agree to pay the charges set out in Council's Fees and Charges relevant to the application.					
Privacy information					
Council requires the information you have provided on this form to process your application under the RMA. Council will hold and store the information on a pubic register. The details may also be made available to the public on the Council's website. If you would like to request access to, or correction of any details, please contact the Council.					
Correspondence and invoices					
Please let us know where to send any correspondence and invoices. Where possible any correspondence will be sent by email.					
All correspondence excluding invoices sent to:	☐ Applicant or	☐ Agent			
All invoices sent to:	☐ Applicant or	☐ Agent			
Confirmation by the applicant					

•	m that I/we have read and understood the not required if you submit this form electr		nd will comply with our obliga	tions as set out above. (A	
Applicant name:		Signature:		Date:	
Applicant name:		Signature:		Date	
Applicant name:		Signature:		Date	
Confirmation by the agent authorised to sign off on behalf of the applicant					
As authorised agent for the applicant, I confirm that I have read and understood the above information and confirm that I have fully informed the applicant of its/their obligations in connection with this application, including for fees and other charges, and that I have the applicant's authority to sign this application on its/their behalf. (A signature is not required if you submit this form electronically.)					
Agent's name:		Signature:		Date:	