

# Information and Checklist for Written Approval for Deemed Permitted Boundary Activity

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**Deliver** your approval to Planning Department, Buller District Council, 6-8 Brougham Street, Westport

**Post** your approval to Planning Department, Buller District Council, PO Box 21, Westport 7866

**Email** your approval to [planning@bdc.govt.nz](mailto:planning@bdc.govt.nz)

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## Checklist

- I have read and understand the information provided on page 4 of this form.
  - I understand the proposal and understand that the consent authority will permit the applicant to undertake the activity (provided they have supplied the correct information, including all other written approvals required)
  - I have attached the signed copy/copies of the plans.
  - I have listed the documents provided to me by the applicant for consideration.
  - I have provided the signature/s of person/s giving written approval (or person authorised to sign on behalf of person giving written approval).
  - I am signing on behalf of an organisation/trust and have provided signed written proof from each person I am signing on behalf of that I have authority to sign this form on their behalf.
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## Notes to affected person signing written approval

- Conditional written approvals cannot be accepted.
- There is no obligation to sign this form, and no reasons need to be given.
- If this form is not signed, the application may be notified with an opportunity for submissions.
- The information to be provided on the Affected Person's Written Approval form is required under legislation:
  - Section 95E(3) Resource Management Act 1991; and
  - Form 8A - Resource Management (Forms, Fees, and Procedure) Regulations 2003If the information required under legislation has not been supplied this form may be returned for completion.
- For Further Enquiries email [planning@bdc.govt.nz](mailto:planning@bdc.govt.nz) or phone 03 788 9603.

# Written Approval for Deemed Permitted Boundary Activity

**Form 8B - Resource Management (Forms, Fees, and Procedure) Regulations 2003**  
Section 87BA Resource Management Act 1991

## 1. Name of person giving written approval

Full name/s of person/s affected and giving written approval:

.....  
.....  
.....

I am /We are the  Owner(s)  Occupier(s)  Owner(s) and Occupier(s)  Director(s)  Trustee(s)

Of the property situated at:.....  
*(Address of location of the property of the person signing this form)*

Contact Person: .....

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

(i) If applicable, please list the full name/s of any person/s you are signing on behalf of **and** provide signed written proof from each person you are signing on behalf of that you have authority to sign this form on their behalf.

.....  
.....  
.....  
.....

(ii) If you are signing on behalf of a trust or company/organisation, please state your designation/position and provide additional written evidence that you have signing authority.

Trust/Company/Organisation: .....

Designation: .....

## 2. Declaration

I have read the description of the activity at the property noted below and seen and signed the site plans attached.

Address of the property with the boundary activity:

.....  
.....

### 3. Written Approval

- I/We give written approval to the activity noted above.
- This is written approval for the proposed activity that is the subject of a deemed permitted boundary activity application.
- In signing this written approval, I confirm that I understand the proposal and understand that the consent authority will permit the applicant to undertake the activity (provided they have supplied the correct information, including all other written approvals required).
- I understand that I may not withdraw my written approval.

### 4. Signature/s of person/s giving written approval (or person authorised to sign on behalf of person giving written approval.

- In signing this written approval, I understand that the consent authority must decide that I am no longer an affected person, and the consent authority must not have regard to any adverse effects on me.

Signature: ..... Date:.....

Name of person signing: .....

Signature: ..... Date:.....

Name of person signing: .....

Signature: ..... Date:.....

Name of person signing: .....

*The personal information that you provide in this form will be held and protected by Buller District Council in accordance with our privacy policy (available at [bullerdc.govt.nz/privacy](http://bullerdc.govt.nz/privacy) and at council libraries and service centres) and with the Privacy Act 2020. Council's privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.*