



**MACKENZIE DISTRICT COUNCIL**

**APPLICATION FOR CONDITIONS COMPLETION  
CERTIFICATE (Section 224 (c))**

**RESOURCE MANAGEMENT ACT 1991**

To: Mackenzie District Council  
PO Box 52  
FAIRLIE 7949

Phone: (03) 685-9010  
Fax: (03) 685-8533

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**TO BE SUPPLIED TO: MACKENZIE DISTRICT COUNCIL**

**FROM:**

*(Developer or agent)*

**IN RESPECT OF:**

*(Description of land development/ subdivision work)*

**AT:**

*(Address)*

I have sighted resource consent application (**RM\*\*\*\*\***) and its conditions approved by the Mackenzie District Council on **(date)**

I hereby certify that the conditions of consent listed below have been completed in accordance with the consent granted:

	<b>Conditions</b>	<b>Sign (applicant)</b>	<b>Sign (council)</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please attach any certificate(s) or letters of confirmation where necessary to confirm the completion of any work required by these conditions.

*Note: In relation to any conditions requiring payment of fees, either the fees or a receipt for the required amount issued by the Council must be attached to this application.*

I have attached the relevant deposit fee required by Council.

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(Signature of developer or authorised agent)

(Date)