

APPLICATION FOR BOUNDARY ACTIVITY

Under Sections 87AAB, 87BA & 88 of the Resource Management Act 1991



APPLICANT

Applicant's Full Name/Company/Trust:

Contact Name:

Email address*:

Postal Address*:

Tick if postal address is preferred
method of correspondence*: ☐

Tick if this is the address for
invoicing purposes: ☐

Phone numbers: Day

Mobile

* Our default method of corresponding with you is by email and phone. Alternatively, if you wish to receive correspondence by post (including any decision) please provide a postal address and tick the relevant box above.

ADDRESS FOR SERVICE *(if different from the applicant)*

Company:

Contact Name:

Email address*:

Postal Address*:

Tick if postal address is preferred
method of correspondence*: ☐

Tick if this is the address for
invoicing purposes: ☐

Phone numbers: Day

Mobile

* Our default method of corresponding with you is by email and phone. Alternatively, if you wish to receive correspondence by post (including any decision) please provide a postal address and tick the relevant box above.

DETAILS OF SITE

Street Address:

Legal Description:

Certificate of Title:

Valuation Number:

DESCRIPTION OF THE PROPOSAL (OR ATTACH DESCRIPTION SEPARATELY)

INFORMATION REQUIRED TO BE SUBMITTED

To be accepted for processing, your application **must** include the following:

- ☐ A **detailed description** of the activity (as above or attached separately)
- ☐ A **site plan** at a convenient scale showing the height/shape and location of the infringement.
- ☐ **Other plans** necessary to detail the proposal e.g. elevations, floor plans, servicing plan.
- ☐ **Written approval** of the owner of every site where an infringement is proposed (see separate form – *Affected Persons Approval*, and owners must sign the plans)

PAYMENT – A deposit fee must be paid prior to or at the time of the application as per Councils Fees and Charges

I/We confirm payment by:

- ☐ **Bank transfer** to account **03 0887 0226851 02** reference **R10821** and the first five letters of applicant name
- ☐ **Cheque** payable to **Mackenzie District Council** attached
- ☐ **Manual payment at reception** – receipt number:

DECLARATION

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable application costs incurred by the Mackenzie District Council.

Signature*

Date

Full Name

*If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.

IMPORTANT

You must include all the information required by this form. If all information is not included, Mackenzie District Council will return your application. The correct information must be supplied before a written notice permitting the activity can be provided.

In order to be eligible for a deemed boundary activity, the activity must meet the definition of boundary activity under section 87AAB(1) of the Resource Management Act 1991. Please see the separate Boundary Activity Exemption Guide provided by the Mackenzie District Council.

The written approvals from all the owners of allotments with infringed boundaries under section 87BA(1) of the Resource Management Act 1991 must be provided as part of the application.

The application must be processed in 10 working days if all the required information is provided in the application.



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