

## APPLICATION FOR S 223 AND/OR S 224 CERTIFICATION

### 1. Type of certificate/s being applied for (more than one can be ticked):

S 223    Where applicable:    S 223E    S 223A    S 221

S 224    S 224AC    S 224CN    S 224VC    Other:

2.    **Subdivision Resource Consent Number:**     **Date of Issue:**

**Application Site Details:** *Location and/or Property Street Address of the activity.*

Site Address/  
Location:

#### Site Visit Requirements:

Note that a site visit may be undertaken as part of the certification application process.

Is there a locked gate or security system restricting access by Council staff?

Yes     No

Is there a dog on the property?

Yes     No

Please provide details of any other entry restrictions that Council staff should be aware of, e.g. health and safety, caretaker's details. This is important to avoid a wasted trip and having to re-arrange a second visit.

### 3. Applicant Details:

Name/s:

Contact Person:   
(name and designation)

Contact Number:     Email:

Postal Address:

(or alternative method  
of service under

section 352 of the Act)     Post Code:

### 4. Address for Correspondence: *Name and address for service and correspondence (if using an Agent, write their details).*

Name/s:

Contact Person:   
(name and designation)

Contact Number:     Email:

Postal Address:

(or alternative method  
of service under

section 352 of the Act)     Post Code:

All correspondence will be sent by email. Please advise us if you would prefer an alternative means of communication.

**5. Subdivision Consent Conditions:**

Please list all conditions of the issued subdivision resource consent and provide evidence of how these conditions have been achieved.

[Empty response area for listing conditions and evidence]

**6. Billing Details:**

This identifies the person or entity that will be responsible for paying any invoices or receiving any refunds associated with processing this certification application. Please also refer to Council's Fees and Charges Schedule.

Name/s: (please write all names in full)

Email Address:

Postal Address:

Post Code:

Contact Number:

**Fees Information:** A non-refundable fixed fee is required for processing this application and is set out in Councils Fees and Charges. Once the application has been received, you will receive a formal acknowledgement and an invoice.

Processing will not begin until the invoice has been paid. Please note that if the deposit fee is insufficient to cover the actual and reasonable costs of work undertaken to process the application you will be required to pay any additional costs. Invoiced amounts are payable by the 20<sup>th</sup> of the month following invoice date.

**Declaration concerning Payment:** I/we understand that the Council may charge me/us for all costs actually and reasonably incurred in processing this application. Subject to my/our rights under Sections 357B and 358 of the RMA, to object to any costs, I/we undertake to pay all and future processing costs incurred by the Council. Without limiting the Council's legal rights if any steps (including the use of debt collection agencies) are necessary to recover unpaid processing costs I/we agree to pay all costs of recovering those processing costs. If this application is made on behalf of a society (incorporated or unincorporated) or a company in signing this application I/we are binding the society or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Name:

Signature of bill payer:

(mandatory – please print and sign, or sign digitally)

Date:

**7. Important Information:**

**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.

You must pay the charge payable to the consent authority for the certification application under the Resource Management Act 1991.

**Privacy Information:**

Once this application is lodged with the Council it becomes public information. Please advise Council if there is sensitive information in the proposal. The information you have provided on this form is required so that your application consent pursuant to the Resource Management Act 1991 can be processed under that Act. The information will be stored on a public register and held by the Westland District Council. The details of your application may also be made available to the public on the Council's website, [www.westlanddc.govt.nz](http://www.westlanddc.govt.nz). These details are collected to inform the general public and community groups about all consents which have been issued through the Council.

**Declaration:** The information I have supplied with this application is true and complete to the best of my knowledge.

Name:  Date:

Signature:

(mandatory – please print and sign, or sign digitally)

**8. Application Checklist:** (please tick if information is provided)

- Copy of approved application plan
- A final draft LT Plan
- As-built plans from service installers (if required)
- Any other inspection/supplier documentation/notes, site photographs (if required)
- Evidence of completion of each condition (if required)

**Only one copy of an application is required, but please note for copying and scanning purposes, all attached documentation should be no larger than A3 in size.**