

Resource Consents Unit

# Amendments within the scope of an existing resource consent

Submit your application online at: [onlineservices.ccc.govt.nz](http://onlineservices.ccc.govt.nz); or  
Email your application to [resourceconsentapplications@ccc.govt.nz](mailto:resourceconsentapplications@ccc.govt.nz); or  
Deliver to: Resource Consents Unit, Christchurch City Council, 53 Hereford Street, Christchurch; or  
Send to: Resource Consents Unit, Christchurch City Council, PO Box 73013, Christchurch Mail Centre, Christchurch 8154.  
For enquiries phone: (03) 941 8999

## About this Form

This form is to be used to request minor amendments to approved resource consent plans, where the amendments are within the scope of the consent granted. The required fee (refer Resource Management [Fee Schedule](#)), must be paid before the amendments will be considered.

Note: Amendments that are not within the scope of the consent will require either an application for a change or cancellation of conditions under section 127 of the Resource Management Act, or a new resource consent.

## 1. Pre-application information

Have you had a pre-application meeting or other discussions with Council staff about this proposal?  Yes  No

If yes, what was the name of the planner or other staff member(s)? .....

Date of pre-application meeting (if applicable): ..... Meeting reference no: .....

## 2. Consent details

Resource consent reference number: RMA .....

Date of issue of the consent: .....

## 3. Site address

Address of the site to which the consent relates: .....

Legal description of application site: .....

## 4. Applicant (Consent holder)

Full name of consent holder (including middle name): .....

OR

Registered Company / Trust / Organisation name: .....

Contact person / Trustee names: .....

Landline: ..... Mobile: .....

Email: .....

Postal Address: ..... Post Code: .....

**Signature of Applicant:** (Or person authorised to sign on behalf of Applicant)

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

Print name: .....

## 5. Agent

Name: .....

Name of firm: .....

Landline: ..... Mobile: .....

Email: .....

Postal Address:..... Post Code: .....

## 6. Invoicing details

All consent-related invoices are to be made out to:

- Applicant       Agent
- Existing 'on-account' customer (state name of PMO/organisation): .....
- Other (specify below):

Name: .....

Email: .....

Postal Address:..... Post Code: .....

*(Please note: any refunds will be paid to the receipted name unless written authorisation has been received from the receipted person or company)*

## 7. Proposed amendments

Describe the proposed amendments, itemising all of the areas where the amended plans differ from the approved consent plans. Attach a copy of the amended plans and any other supporting information.

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## 8. Privacy Information

The information on this form is required for the Council to process your application. All information submitted as part of an application is required to be kept available for public record, therefore the public (including business organisations and other units of the Council) may view this application, once submitted. It may also be made available to the public on the Council's website. If there is commercially sensitive information in your application please let us know. If you would like to request access to, or correction of, your details, please contact the Council.