10	Submission on resource consent
Õpõtiki District Cou STRONG COMMUNITY STRONG FO	application A130517
Address all corres	pondence to:
Ph 07 315 3030, Fax	ōtiki District Council, PO Box 44, Opōtiki 3162 c 07 315 7050 John Street, Opōtiki
Submitter details	
Full name of submitter(s)	Allon Apiata
Address	25 Storey Cropt Oppha
Postal address (if different)	on on the cher openine ?
Phone (home)	Phone (work)
Mobile	022-514-9468 Email
Application details	
Application number	RC2024-31
Full name of	Tim Fergusson
applicant(s) Address of	19A Baird Road, Opotilei
proposed activity	15h Baira Rada, Oponiei
Description of proposed activity	Residential care facility
Submission details	
	pplication
The reasons for my/ Making lived in Wo. Loo	our submission are: 10 ty te tinti it hard for us a Maon. Heaps of people that old lodge the history doesn't ad ge sheep 20t due people

The decision I/we would like Opōtiki District Council to to have amended and the general nature of any condition	make is (including, if relevant, the parts of the application you ons sought):	wish
Submission at the hearing	La La desta de la desta de la Cal	
<ul> <li>I/we wish to speak in support of my/our submission.</li> <li>I/we do not wish to speak in support of my/our submission.</li> <li>If others make a similar submission, I/we will consider</li> </ul>	nission.	
Information for submitters	法法法律法律 化合体化合成合体	
of this submission to the applicant at the applicant's ad All submitters will be advised of hearing details at least about attending the hearing, please phone Opōtiki Dist Privacy information: Opōtiki District Council requires the under the RMA and to collect statistics. The council will and attachments, on a public register. The details may a details are collected to inform the general public and co	fore the date and time indicated. You must also provide a copy dress for service as soon as reasonably practicable. 10 working days before the hearing. If you change your mind rict Council so that the necessary arrangements can be made. e information provided on this form to process your submission hold and store the information, including all associated report lso be made available to the public on the council's website. To ommunity groups about all consents that have been processed access to, or correction of any details, please contact the cour	n s hese or
Declaration		
Submitter's signature	Date 15/08/2024	
Submitter's signature	Date	
Submitter's signature	Date	
Declaration for the agent authorised to sign on beh	alf of the submitter	62
Agent's full name	28 Mg	

Ďpōtiki District Council | PO Box 44 | 108 St John Street | Ďpōtiki 3162 | New Zealand Telephone 07 315 3030 | Fax 07 315 7050 | <u>www.odc.govt.nz</u> | <u>info@odc.govt.nz</u>

Agent's signature

Date