



Submission on resource consent application

Address all correspondence to: Chief Executive, Opótiki District Council, PO Box 44, Opótiki 3162 Ph 07 315 3030, Fax 07 315 7050 Or return to 108 St John Street, Opōtiki Submitter details Full name of submitter(s) High street Opotiki Address Postal address (if different) 3156150 Phone (home) Phone (work) 2146602 Mobile Email angeliangitakata Ogmail com **Application details** Application RC 2024-31 number. Full name of Tim Fergusson applicant(s) Address of 19A Baird Road, Opolilei proposed activity Residential care facility Description of proposed activity Submission details My/our submission: Supports the application ☐ Opposes the application ☐ Neutral regarding the application The specific parts of the application to which my/our submission relates to are: To support the opening of Te Kopuarau The reasons for my/our submission are: To support the opening of Te Kopuarau

ne decision I/we would like Ōpōtiki District Council to b have amended and the general nature of any condit	ions sought):	
		tale space of the soul of
Submission at the hearing		
☐ I/we wish to speak in support of my/our submissio ☐ I/we do not wish to speak in support of my/our sul ☐ If others make a similar submission, I/we will consider	MITHS SIGHT.	m at the hearing.
nformation for submitters Dipotiki District Council must receive this submission be applicant's a		
of this submission to the applicant at the applicant of All submitters will be advised of hearing details at leas about attending the hearing, please phone Ōpōtiki Di		
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