



Submission on resource consent application

| Address all corres | spondence to: pōtiki District Council, PO Box 44, Ōpōtiki 3162 | | |
|--|--|----------------------------|--|
| Ph 07 315 3030, Fa | ax 07 315 7050 | | |
| Or return to 108 St | t John Street, Ópōtiki | | |
| Submitter details | | | |
| Full name of submitter(s) | Crystal Te Mila | | |
| Address | 86a well mater of | opotih: | |
| Postal address (if different) | | | |
| Phone (home) | | Phone (work) | |
| Mobile | 0211551618 | Email | |
| Application details | G of goods of the control of the con | | |
| Application number, | RC 2024-31 | | |
| Full name of applicant(s) | Tim Fergusson | | |
| Address of proposed activity | 19A Baird Road, Opōtilei | | |
| Description of proposed activity | Residential care facility | | |
| Submission details | | The same to the first same | |
| THE RESIDENCE OF THE PARTY OF T | application application ling the application | | |
| Openin | of the application to which my/our submission r | elates to are: | |
| The reasons for my/ | /our submission are: | | |
| | | | |

| to have amended and the general nature of any condit | make is (including, if relevant, the priors sought): | The state of the s |
|---|--|--|
| | | Marie Carlos (Marie Carlos (Ma |
| 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 su☐ If others make a similar submission, I/we will consi | hmission. | m at the hearing. |
| Information for submitters Opōtiki District Council must receive this submission b | | 经数据的 |
| All submitters will be advised of hearing details at leas about attending the hearing, please phone Ōpōtiki Di Privacy information: Ōpōtiki District Council requires t | the information provided on this fol | m to process your submission |
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| under the RMA and to collect statistics. The council war and attachments, on a public register. The details may | y also be made available to the pub | lic on the council's website. Thes |
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