

Submission on resource consent application

A13051

Address all correspondence to: Chief Executive, Õpôtiki District Council, PO Box 44, Ōpôtiki 3162						
Ph 07 315 3030, Fax 07 315 7050 Or return to 108 St John Street, Ōpōtiki			22 411			
Submitter details			Opotiki Distr.			
Full name of submitter(s)	IAN ROMANA 1	AIPA	NECORDS COLUMN			
Address	17 BAIRDS ROA	D, OPOTI	K1			
Postal address (if different)	P.O. BOX 229, O					
Phone (home)		Phone (work)				
Mobile	027 248 6466	Email	paipa @xtra.6.nz			
Application details						
Application number	24-012					
Full name of applicant(s)	TE POU ORANGA	9 O WHAI	KATO HEA			
Address of proposed activity	19A BAIRDS	ROHD -	OPOTIKI			
Description of proposed activity PROPOSED RESIDENTIAL CARE FACILITY						
Submission details						
The specific parts of Sec.	<u>v</u>	on relates to are:	CURITY PERSONA			
The reasons for my/our submission are:						
	ERSONAL SPACE					

•	Õpõtiki District Council to mak neral nature of any conditions		parts of the application you wish
Submission at the hearing		100	
	port of my/our submission. in support of my/our submiss ubmission, I/we will consider pr		n at the hearing.
Information for submitters			
of this submission to the app All submitters will be advised	receive this submission before licant at the applicant's addres of hearing details at least 10 w please phone Ōpōtiki District (s for service as soon as reason working days before the hearing	ably practicable. g. If you change your mind
Privacy information: Ōpōtiki I under the RMA and to collect and attachments, on a public details are collected to inform	District Council requires the info t statistics. The council will hold	ormation provided on this form I and store the information, inc be made available to the public unity groups about all consent	n to process your submission cluding all associated reports c on the council's website. These ts that have been processed or
Declaration		National Control	
Submitter's signature	Mul	Date	21 Aug 2024
Submitter's signature		Date	
Submitter's signature		Date	
Declaration for the agent a	uthorised to sign on behalf o	f the submitter	
Agent's full name			
Agent's signature		Date	