2 1 AUG 2024



## Submission on resource consent application

A130517

Ph 07 315 3030, Fax	Öpötiki District Council, PO Box 44, Öpötiki 3162	A130117		
Submitter details				
Full name of submitter(s)	gack Wanklyn.  b2 Stewart Street Opot			
Address	be stewart street opot	ilai		
Postal address (if different)	31101 0101	(V)		
Phone (home)	0272144017. Phone (work)			
Mobile		3740		
Application details	ills Suckhwan?	m		
Application number	RC2024-31			
Full name of applicant(s)	Tim Fergusson			
Address of proposed activity	19A Baird Road, Opotilei			
Description of proposed activity	Residential care facility			
Submission details	ils			
The specific parts of	application			
The reasons for my/c	y/our submission are:			
1 see	e a big need for this hours	· ·		
in.	opotika and rehord.			

The decision I/we would like Ōpōtiki District Council to make	is (including, if relevant, the p	arts of the application you wish
The decision I/we would like Opolici District Course to Manager to have amended and the general nature of any conditions so	ought):	
To grant the.		
Submission at the hearing		
☐ I/we wish to speak in support of my/our submission.		
☑ I/we do not wish to speak in support of my/our submissi	on. econting a joint case with then	n at the hearing.
☐ If others make a similar submission, I/we will consider pro	esenting a joint case man	
Information for submitters	the data and time indicated Y	ou must also provide a copy
Öpötiki District Council must receive this submission before of this submission to the applicant at the applicant's address	2 101 3ct vice as soon as the	,
All submitters will be advised of hearing details at least 10 w	vorking days before the hearin Council so that the necessary a	g. If you change your mind arrangements can be made.
Privacy information: Ōpōtiki District Council requires the infounder the RMA and to collect statistics. The council will hold and attachments, on a public register. The details may also details are collected to inform the general public and commissued through the council. If you would like to request accert	ormation provided on this form d and store the information, in be made available to the publications about all consen	cluding all associated reports ic on the council's website. These ots that have been processed or
Declaration		
Submitter's signature	Date	12.8.24
Submitter's signature	Date	
Submitter's signature	Date	
Declaration for the agent authorised to sign on behalf	of the submitter	
Agent's full name		
Agent's signature	Date	