



Submission on resource consent application

Address all corresp Chief Executive, Ope	oondence to: ōtiki District Council, PO Box 44, Ōpōtiki 3162
Ph 07 315 3030, Fax Or return to 108 St	o 07 315 7050 John Street, Opotiki
Submitter details	
Full name of submitter(s)	Kahatahi Rohia Apani
Address	71 brokent St OPO
Postal address (if different)	NIL
Phone (home)	Phone (work) ViL
Mobile	099 602 06)7 Email
Application details	Mark Control of the C
Application number	RC 2024-31
Full name of applicant(s)	Tim Fergusson
Address of proposed activity	19A Baird Road, Opolilei
Description of proposed activity	Residential care facility
Submission details	
	pplication ng the application
The specific parts of	the application to which my/our submission relates to are:
The reasons for my/o	our submission are:

o have amended and the general nature of any cond	itions sought):	he parts of the application you wish
Submission at the hearing		
☐ I/we wish to speak in support of my/our submissi☐ I/we do not wish to speak in support of my/our s☐ If others make a similar submission, I/we will con	upmission.	them at the hearing.
Information for submitters Öpötiki District Council must receive this submission		
All submitters will be advised of hearing details at le about attending the hearing, please phone Öpötiki I Privacy information: Öpötiki District Council requires under the RMA and to collect statistics. The council and attachments, on a public register. The details m	the information provided on this will hold and store the informatio	n including all associated reports
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