



Submission on resource consent application

A130517

Address all correspondence to:
 Chief Executive, Opotiki District Council, PO Box 44, Opotiki 3162
 Ph 07 315 3030, Fax 07 315 7050
 Or return to 108 St John Street, Opotiki

Submitter details

Full name of submitter(s)	LLOYD HOSKEN		
Address	1 HIGH STR.		
Postal address (if different)	OPOTIKI 3122		
Phone (home)	027 350 4910	Phone (work)	.
Mobile		Email	lloyd@real.nz.

Application details

Application number	RC2024-31
Full name of applicant(s)	Tim Fergusson
Address of proposed activity	19A Baird Road, Opotiki
Description of proposed activity	Residential care facility

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:
 SUPPORTS THE APPLICATION TO BE A LIVE IN DRUG REHABILITATION CENTRE.

The reasons for my/our submission are:
 HAVING HAD P DEALING NEIGHBOURS IN OPOTIKI PREVIOUSLY I REALISE THE EXTENT OF OUR DRUG PROBLEMS. IN THE RIGHT AGAINST DRUGS WE NEED AS MANY AVENUES AS WE CAN TO COMBAT THE PROBLEM. THE VENUE AND SITE SEEM WELL SUITED.

TO GRANT THE CONSENT.
NOT TO SPEAK.

The decision I/we would like Ōpōtiki District Council to make is (including, if relevant, the parts of the application you wish to have amended and the general nature of any conditions sought):

TO GRANT THE SUBMISSION

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 submission.
 If others make a similar submission, I/we will consider presenting a joint case with them at the hearing.

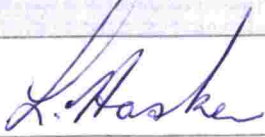
Information for submitters

Ōpōtiki District Council must receive this submission before the date and time indicated. You must also provide a copy of this submission to the applicant at the applicant's address for service as soon as reasonably practicable.

All submitters will be advised of hearing details at least 10 working days before the hearing. If you change your mind about attending the hearing, please phone Ōpōtiki District Council so that the necessary arrangements can be made.

Privacy information: Ōpōtiki District Council requires the information provided on this form to process your submission under the RMA and to collect statistics. The council will hold and store the information, including all associated reports and attachments, on a public register. The details may also be made available to the public on the council's website. These details are collected to inform the general public and community groups about all consents that have been processed or issued through the council. If you would like to request access to, or correction of any details, please contact the council.

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	