

## Submission on resource consent application

A130517

Ph 07 315 3030, Fax	ôtiki District Council, PO Box 44, Ó	Špotiki 3162	
Submitter details			
Full name of submitter(s)	Reweb sherherd		
Address	75 NELSON STREET		
Postal address (if different)			
Phone (home)	V 4.	Phone (work)	
Mobile	627 940 3745	Email	
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			
Submission details			
THE RESOURCE KOPUARAN F	pplication  pplication  ing the application  I the application to which my/our  CONCENT FOR THE FO	submission relates to are:  *CIUTY OF 19 BAIRUS ROAD  (SENTED TO OPEN FOR SERVICES	
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The reasons for my/	_		
of our pe	FOR THE COMMUNIT	LY MAND THE HEALTH + WELL-K-TONG	

The decision I/we would like Ōpōtiki District Council to make is (includir to have amended and the general nature of any conditions sought):	ng, if relevant, the parts of the application you wish
Submission at the hearing	
☐ I/we wish to speak in support of my/our submission.	
$\square$ 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 j	oint case with them at the hearing.
Information for submitters	
Öpötiki District Council must receive this submission before the date an of this submission to the applicant at the applicant's address for service	
All submitters will be advised of hearing details at least $10$ working days about attending the hearing, please phone <code>Opotiki</code> District Council so the	
Privacy information: Ōpōtiki District Council requires the information prunder the RMA and to collect statistics. The council will hold and store that attachments, on a public register. The details may also be made availed are collected to inform the general public and community group issued through the council. If you would like to request access to, or continuous process.	the information, including all associated reports allable to the public on the council's website. These about all consents that have been processed or
Declaration	
Submitter's signature	Date 21.08-24
Submitter's signature	Date
Submitter's signature	Date
Declaration for the agent authorised to sign on behalf of the subm	itter
Agent's full name	
Agent's signature	Date



## Submission on resource consent application

A130517

Submitter details			
Full name of submitter(s)	Donell Peka		
Address	19 Stewart Sti	reet, Opotini	
Postal address (If different)			
Phone (home)		Phone (work)	
Mobile		Email	donell.peka @whakatohea.
Application details			
Application number	RC2024-31		<u> - Andria - Martina de Antre de Ambreto - Antre de Agos</u>
Full name of applicant(s)	Tim Fergusson		
Address of proposed activity	19A Baird Road, Opotiki		
Description of proposed activity			
Submission details			
My/our submission:  ✓ Supports the a  ─ Opposes the a  ─ Neutral regardi			
	<del></del>	ny/our submission relates to are:	
	our submission are:		fervice like this be a ruge opte.

The decision I/we would like Öpōtiki District Council to make is to have amended and the general nature of any conditions so	. •	arts of the application you wish
Submission at the hearing		
<ul> <li>I/we wish to speak in support of my/our submission.</li> <li>I/we do not wish to speak in support of my/our submission</li> <li>If others make a similar submission, I/we will consider present</li> </ul>		at the hearing.
Information for submitters		
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Declaration		
Submitter's signature	Date	15 AUG24
Submitter's signature	Date	
Submitter's signature	Date	
Declaration for the agent authorised to sign on behalf of t	he submitter	
Agent's full name		
Agent's signature	Date	

	ike Ōpōtiki District Council to make is (including, if general nature of any conditions sought):	relevant, the p	parts of the application you wish
Submission at the heari	ng		
i i	support of my/our submission.		
	eak in support of my/our submission.		
☐ If others make a simila	r submission, I/we will consider presenting a joint	case with them	at the hearing.
Information for submitt	ers		
	ust receive this submission before the date and time applicant at the applicant's address for service as s		
	sed of hearing details at least 10 working days befong, please phone Ōpōtiki District Council so that the		
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Declaration			
Submitter's signature	ndinc.	Date	15/08/24.
Submitter's signature		Date	
Submitter's signature		Date	
Declaration for the agen	t authorised to sign on behalf of the submitter		
Agent's full name			
Agent's signature		Date	



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Address all correspondence to: Chief Executive, Ōpōtiki District Council, PO Box 44, Ōpōtiki 3162 Ph 07 315 3030, Fax 07 315 7050 Or return to 108 St John Street, Ōpōtiki				
Submitter details				
Full name of submitter(s)	Mere-Tu-Ahiani Riini.			
Address	90 Clault Rd, Otar	90 Ciault Rd, Otara 3197.		
Postal address (if different)				
Phone (home)		Phone (work)	0272076327	
Mobile	0212805863	Email	0272076327 mriini 9420gmaile	
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	Residental 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: Related to the facility at 19 Bairols Rd. to open facility to service our community and whanau who need. this space.				
The reasons for my/our submission are: Our whanau are in need of help, without This where would they go? Kinga pakeha This whare is needed!!!				