



Submission on resource consent application

Ph 07 315 3030, Fax	potiki District Council, PO Box 44, Opotiki 3162					
Submitter details			He restricted the same said the			
Full name of submitter(s)	Suson Woods	<i>5</i> .				
Address	339 Verralls R.	pad				
Postal address (if different)	TO TO THE					
Phone (home)	Pho	one (work)				
Mobile	027 2242233 Em	ail	susanwoods Dxtra.	10. DZ		
Application details		4000	Market Art 18			
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			TANKS TO BE AND THE STATE OF TH			
My/our submission: Supports the ap Opposes the ap Neutral regardi	pplication					
The specific parts of	f the application to which my/our submission relat	es to are:				
The reasons for my/	our submission are:	*				
We ne	eed this service	s his	pently			
totall	y support this	fa	cility.			

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under the RMA and to collect statistics. The council will and attachments, on a public register. The details may a	lso be made available to	the public	on the council's website. Thes s that have been processed or
All submitters will be advised of hearing details at least about attending the hearing, please phone Öpötiki Dist Privacy information: Öpötiki District Council requires the	information provided or	this form	to process your submission
of this submission to the applicant at the applicant's ad-	10 working days before th	e hearing	If you change your mind
Opotiki District Council must receive this submission bef	ore the date and time ind	icated. Yo	u must also provide a copy
 I/we do not wish to speak in support of my/our subn If others make a similar submission, I/we will consider 	r presenting a joint case v	vith them	at the hearing.
☐ I/we wish to speak in support of my/our submission.	oirgion		
Submission at the hearing			
o have amended and the general nature of any condition			