

# 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)	Kevin James Crawshaw		
Address	1696 State Highway 2, RD 2, Opotiki 3198		
Postal address (if different)			
Phone (home)	021 501945	Phone (work)	
Mobile	021501945	Email	kjcrawshaw@gmail.com

**Application details**

Application number	RC2024-31
Full name of applicant(s)	Te Pou Oranga O Whakatōhea
Address of proposed activity	19A Baird Road, Opotiki
Description of proposed activity	Establish and operate a Residential Care Facility, including ancillary office and support facilities.

**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:

Waste Water Treatment, see for detail Appendix 6 - Schedule 5 Wastewater Assessment.  
Residential care facility in a Rural zone  
Security to surrounding properties/families not addressed  
Stated in Application was previously RSE accommodation however was unconsented for that purpose or as a backpackers accommodation

The reasons for my/our submission are:

Harm/reduction to property values of neighbouring properties  
Safety concerns of the neighbourhood not addressed, no Security plan or secure fencing, lack of screening provided for both neighbouring residents & individuals attending/residing at rehabilitation facility to have privacy & anonymity  
Request to compensate neighbourhood by rezoning to commercial/industrial land use  
Waste water/sewage system proposed does not account for increased day residents, high water table giving reduced soakage (grey) discharges directly into my property

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26 AUG 2024  
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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):  
 We as a neighbourhood feel that this will go through regardless.  
 I would like to see security and screening fencing installed especially along southern boundary.  
 Wastewater system upgraded to connect into town sewer and remove grey water pipe discharging into my property  
 Rezone between the Golf course and Baird Rd as way of compensating landowners for property value loss to commercial/industrial

**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	<i>Kevin Cradshaw</i>	Date	22/8/2024
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	

