

Submission on resource consent application

A13051

Address all corresp Chief Executive, Ōpō Ph 07 315 3030, Fax Or return to 108 St	otiki District Council, PO Box 44, Ōpōtiki 316. 07 315 7050	2			
Submitter details					
Full name of submitter(s)	Maxine Margarette Falwasser				
Address	202 POWELL ROAD	203 V	VKK.		
Postal address (if different)	, and the second				
Phone (home)		Phone (work)			
Mobile	0221277290	Email	Maxine Margarete Talua		
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 a ☐ Opposes the a ☐ Neutral regard					
	the application to which my/our submission				
Healthy To be a Safe En	Living, and give up way from Violent, vilonment.	Alcohol, partner,	smoking! and family To Be		
The reasons for my/					



The decision I/we would like Ōpōtiki District Counci to have amended and the general nature of any cor	I to make is (including, if relevant, the parts of the application you winditions sought):	sh
Submission at the hearing		
☐ I/we wish to speak in support of my/our submiss ☐ I/we do not wish to speak in support of my/our ☐ If others make a similar submission, I/we will cor		
Information for submitters		
of this submission to the applicant at the applicant's	before the date and time indicated. You must also provide a copy saddress for service as soon as reasonably practicable.	
	east 10 working days before the hearing. If you change your mind District Council so that the necessary arrangements can be made.	
under the RMA and to collect statistics. The council and attachments, on a public register. The details m details are collected to inform the general public an	s the information provided on this form to process your submission will hold and store the information, including all associated reports ay also be made available to the public on the council's website. The d community groups about all consents that have been processed o lest access to, or correction of any details, please contact the council	r
Declaration		
Submitter's signature	Date	
Submitter's signature	Date	
Submitter's signature	Date	
Declaration for the agent authorised to sign on I	oehalf of the submitter	
Agent's full name		
Agent's signature	Date	

