

Submission on resource consent application

A130517

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) | Toirawhiti - Jodi Porter | | |
| Address | c/- 40 King Street, Opotiki | | |
| Postal address (if different) | PO BOX 367, OPOTIKI | | |
| Phone (home) | | Phone (work) | |
| Mobile | 027 410 1001 | Email | jodi@toirawhiti.com |

Application details

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|----------------------------------|---------------------------|--|--|
| 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:

There is compelling evidence that the Ōpōtiki District, and wider Eastern Bay of Plenty is experiencing disproportionately high levels of mental health, Methamphetamine use, social harm and related organised criminal activity. The establishment of the proposed residential care facility provides a deliberate and collaborative approach to addressing addiction in a meaningful way in order to reduce intergenerational impacts within Toirāwhiti (the Opotiki District), and the wider Eastern Bay of Plenty. There is significant individual, whanau and community support for this service to be locally governed, administered and facilitated in order to best meet the urgent needs of our most vulnerable community members.

The reasons for my/our submission are:

To demonstrate that Toirawhiti, a collective of the three iwi within the Opotiki District - that is Whakatohea, Ngai Tai and Te Whanau a Apanui provide absolute support and endorsement for this application, and the spirit and intent by which the purpose of this facility aims to serve our people to realise Toi Ora - absolute wellbeing through healing and recovery from addiction.

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):
 Absolute approval for the Resource Consent application in its entirety.

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.

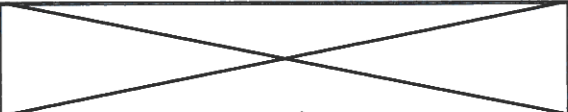
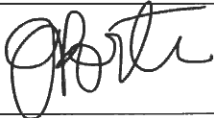
Information for submitters

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 | |
| Submitter’s signature |  | Date | 8.08.2024 |
| Submitter’s signature | | Date | |

Declaration for the agent authorised to sign on behalf of the submitter

| | | | |
|-------------------|--|------|--|
| Agent’s full name | | | |
| Agent’s signature | | Date | |