PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĂ RIVER CATCHMENTS

Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipā River Catchments.

Important: Save this PDF to your computer before answering. If you edit the original form from this webpage, your changes will not save. Please check or update your software to allow for editing. We recommend Acrobat Reader.

FORM 5 Clause 6 of First Schedule, Resource Management Act 1991

SubForm	PC12016	COVER SHEET	г
	FOR OF	ICE USE ONLY	
		Submission Number	
Entered	1	Initials	
File Ref		Sheet 1 of	

Mailed to	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
Delivered to	Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton
-	(07) 859 0998
Faxed to	Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses
Emailed to	healthyrivers@waikatoregion.govt.nz
Emailed to	Please Note: Submissions received by email must contain full contact details.
Online at	www.waikatoregion.govt.nz/healthyrivers

YOUR NAME AND CONTACT DETAILS
Full name: Barry or Chiscon Green Full address: 1157 Karan Rodt, Mangatong: RD3 Pokenc 2473 Email: Boota @ Xtra co. nz Phone: 01 2327728 Fax:09 2327628
ADDRESS FOR SERVICE OF SUBMITTER
Full name: F.H. www. Address for service of person making submission: 994 Kaiawa Rd, RD3 Rtan
Email: Booto @ Xtra co nz
Phone: 09 2327728 Fax: 09 2327628
TRADE COMPETITION AND ADVERSE EFFECTS (Select appropriate)
O rcould / D could not gain an advantage in trade competition through this submission.
${\mathcal Y}$ I am / ${igcarrow}$ am not directly affected by an effect of the subject matter of the submission that:
(a) adversely effects the environment, and
(b) does not relate to the trade competition or the effects of trade competition.
Delete entire paragraph if you could not gain an advantage in trade competition through this submission.

THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO

Please state the provision, map or page number e.g. Objective 4 or Rule 3.11.5.1 (Continue on separate sheet(s) if necessary).



I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

(Select as appropriate and continue on separate sheet(s) if necessary).

O Support the above provisions

 ${igcup}$ Support the above provision with amendments

Doppose the above provisions

MY SUBMISSION IS THAT

Tell us the reasons why you support or oppose or wish to have the specific provisions amended. (Please continue on separate sheet(s) if necessary).

We do support the Clean Rivers & cleaning up our waterways but we do not agree: - with the Start Exclusion as with a major streem through our property, farcing is impracticable with the floods, who will pay this cost? - with Landuse restrictors is change from chiry support/beef to market gardening therefore in the future auselues (or future currents) will be severally firencially discovering discovering for not having the choices. - Who is going to payfor the compliance cost for airselves, what affects the community.

I SEEK THE FOLLOWING DECISION BY COUNCIL

(Select as appropriate and continue on separate sheet(s) if necessary).

• Accept the above provision

• Accept the above provision with amendments as outlined

Opecline the above provision

 ${old S}$ If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RE	LEVANT BOX WH	ETHER YOU WISH TO	D BE HEARD IN S	JPPORT OF YOUR
SUBMISSION				

 \Im I wish to speak at the hearing in support of my submissions.

 \bigcirc I do not wish to speak at the hearing in support of my submissions.

JOINT SUBMISSIONS

O If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW

- Algun .

Yes, I have attached extra sheets.

No, I have not attached extra sheets.

SIGNATURE OF SUBMITTER

Signature: BS

Date: 6/3/17.

Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information.

PLEASE CHECK that you have provided all of the information requested and if you are having trouble filling out this form, phone Waikato Regional Council on 0800 800 401 for help.

o you support or oppose the provision?	◯ Support ◯ Oppose	
Submission	Decision Sought	
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.	
Section number of the Plan Change: Do you support or oppose the provision? Submission	Support Oppose	
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.	

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