PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPA RIVER CATCHMENTS

Submission form on publicly notified – Proposed Walkato Regional Plan Change 1 – Walkato and Waipa 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
	FOR OF	FICE USE ONLY
		Submission Number
		+
Entered		Initials
File Ref		Sheet 1 of

SUBMISSIONS CA	AN BE
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
Faxed to	(07) 859 0998 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 Please Note: Submissions received by email must contain full contact details.
Online at	www.waikatoregion.govt.nz/healthyrivers

We need to receive your submission by 5pm, 8 March 2017.

YOUR NAME AND CONTACT DETAILS
Full name:
Full address: 17 Armagh Street Hamilton
Email: jeremy@brooklaw.conz
Phone: O 7 824 1641 Fax: 078383381
ADDRESS FOR SERVICE OF SUBMITTER
Full name:
Address for service of person making submission: 7A Princes Street, Hamilton
Email: jeremy@brooklaw.
Phone; 078383385 Fax:
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)
O I could / ② could not gain an advantage in trade competition through this submission.
) am /) 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).
© Support the above provisions
Support the above provision with amendments
Oppose 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).
I SEEK THE FOLLOWING DECISION BY COUNCIL
(Select as appropriate and continue on separate sheet(s) if necessary).
(Select as appropriate and continue on separate sheet(s) if necessary). Accept the above provision
(Select as appropriate and continue on separate sheet(s) if necessary). Accept the above provision with amendments as outlined
(Select as appropriate and continue on separate sheet(s) if necessary). Accept the above provision

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION
I wish to speak at the hearing in support of my submissions. I do not wish to speak at the hearing in support of my submissions.
JOINT SUBMISSIONS
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
Yes, I have attached extra sheets. No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER
Signature: Date: 8/ 7/17
Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Walkato 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 Walkato Regional Council on 0800 800 401 for help.

Do 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 Pian Change: Do you support or oppose the provision?	Support ○ Oppose
Submission	Decision Sought
	DATE OF THE LABOUR PROCESSOR

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