PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĀ 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.

SUBMISSIONS CAN BE

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

SubForm	PC12016	COVER SHEET	
	FOR OFF	ICE USE ONLY	
}		Submission Number	
		1	
Entered		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
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 AN	D CONTACT DETAILS
Full name: Ro	ger Beuege.

YOUR NAME AND CONTACT DETAILS	
Full name: Roger Bevece. Full address: 99 Rounds Rd Email: rogerbevege & Pam Side-co-IVZ	
Phone: 07877799	Fax:
ADDRESS FOR SERVICE OF SUBMITTER	
Full name: as above.	
Address for service of person making submission:	
Email:	
Phone:	Fax:

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

- I could / O could not gain an advantage in trade competition through this submission.
- I am / Fam 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).
Rule 3.11.5.2 - Permitted Activity. Rule.
4.6 Diffuse discharge.
Line whech ever is lower 15/4 IV impossable to
form at the level.
4.C our 15% slope to cultivote This rules out our 90% of my form.
of my form.
or within 5m of water way - takes out too much area
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).

Rule 3 .11.5.2.

4.2.11 - New Forces to be 3 meter from water way. Will lose Light % of my highest progressy land. which will grow weeds etc.

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
- O Decline the above provision

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O If not declined, then amend the above provision as outlined

	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.
	To not wish to speak at the hearing in support of my submissions.
	JOINT SUBMISSIONS
	Olf 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.
	SIGNATURE OF SUBMITTER
	Signature: Ry Beer Date: 05-03.17.
	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.
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	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.

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PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR

	ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION		
	Section number of the Plan Change:		
	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 change Council to make on the provision.	ges you want
	Section number of the Plan Change:		
L	Do you support or oppose the provision?	● Support	Oppose
L	Submission	Decision Sought	
	State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested chan Council to make on the provision.	ges you want

- 11501

Section number of the Plan Change:		
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 Plan Change:		
Section number of the Plan Change: Do you support or oppose the provision?	● Support ○ Oppose	
	Support Oppose Decision Sought	