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.

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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 SHEE	
	FOR OFF	ICE USE ONLY	
		Submission Number	
Entered		Initials	

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
axed 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.
Dnline at	www.waikatoregion.govt.nz/healthyrivers

YOUR NAME AND CONTACT DETAILS
Full name: Welter Rober Tyc. Full address: 452B Marstoto Ki RDG Paeron.
Full address: 452B Maratoto KI Kalf Kaeron.
Email:
Phone: 077626916 Fax:
ADDRESS FOR SERVICE OF SUBMITTER
Full name: ye Forms Ud of W.R. Tye. Address for service of person making submission: 452 B Marstoto Ad Rola Revou
Address for service of person making submission:KGZ IS/ ICASE TOTO THE TOTO THE CONTRACTOR
Email: welter-type xtma-co. nz Phone: 0786269164 Fax:
Phone: 0788269164 Fax:
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)
\bigcirc I could / \bigcirc could not gain an advantage in trade competition through this submission.
 I am / O 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). — TRANNA why related Cand Use Meetretows 1010ma Exclusion - Natment Good Parently -Notrogen reference parts - Catchment wrde approach -need to be specific - Land Clice Restriction - Land Une recommon - E-Coli level generalted - Mard to be spectra - Fence setbaette. - Comment Complement Complement - Comprehensive Form Manyt Plans - Econonime cost complexing

I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

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

Support the above provisions

O 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).

Trypone cleen wotenways but the process towards That goal needs to be need from Bocality speecfie and scrence based with commin affects seconded for. The Pachagele "If I is on The Public Interest The Public should Thy " applies to Capital walke changes & lond are respections Both my business a my Commandy will be odversely economically offected by The proposed plan

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

If not declined, then amend the above provision as outlined

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

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ADDITIONAL SHEET TO	O ASSIST IN MAKING	A SUBMISSION
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Section number of the Plan Change:

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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:	
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.