# TRANSFER OF RESOURCE CONSENT



# Notes

A resource consent may be transferred to another person or party if they will be operating the same activity at the same location. That transfer can involve the whole or part of a consent and may be temporary or permanent.

A resource consent is a legal document. This means that written authorisation from all relevant parties is required before it can be transferred. This form enables the transfer process and must be completed and signed by both the current and new consent holder.

The fee for the transfer of consents, payable when you submit this form is \$161.00 GST inclusive (for one consent plus \$115.00 GST inclusive for each additional consent (ie transfer of 2 consents would be \$276.00 GST inclusive. There is no charge for a transfer of a bore/well or a permitted activity. A transfer will not be completed until the required fee is paid.

Note: this fee specifically relates to 'transfers of resource consents to another person(s) at the same location'. For more complex transfers e.g., 'transfers of resource consents to the same or different person(s) at a different location', or transfers of part of any consent to any other person, actual and reasonable costs will apply.

Remember to sign and date this form and email to: RM.Requests@waikatoregion.govt.nz or by post to Waikato Regional Council, Private Bag 3038, Waikato Mail Centre, Hamilton 3240.

If you require further assistance, please phone our Resource Use staff on **0800 800 401**.

#### **Section 1: Activity details**

This transfer relates to the following resource consent(s):

| Consent number(s) | Purpose of consent | Activity location<br>(name of nearest road/street and town/city) |
|-------------------|--------------------|--|
|                   |                    |  |
|                   |                    |  |

## Section 2: Current operator details (to be completed by the transferor)

You should complete any remedial or required works before you transfer your consent. You will also remain liable for any noncompliance with your consent conditions prior to transfer, and for any consent related charges up to the time of transfer.

Your consent will not be transferred until we have received written authorisation from both parties. Please make sure that this form is fully signed and completed, then returned to us as soon as possible. The Waikato Regional Council does **not** accept responsibility for ensuring that transfer of consent forms are returned and completed.

| Full name/s              |           |           |  |  |  |  |  |  |
|--------------------------|-----------|-----------|--|--|--|--|--|--|
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
| Postal address           |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          | Postcode: |           |  |  |  |  |  |  |
| Primary contact person/s |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
|                          |           |           |  |  |  |  |  |  |
| Email address            |           |           |  |  |  |  |  |  |
| Phone number/s           | Home:     | Business: |  |  |  |  |  |  |
|                          | Mobile:   |           |  |  |  |  |  |  |

Waikato Regional Council, 160 Ward Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240. Phone our Resource Use staff on 0800 800 401. **waikatoregion.govt.nz** 

| Declaration | I/we wish to transfer responsibility for the above resource consent/s to the new detailed in Section 3. | operators |  |  |
|-------------|---|-----------|--|--|
|             | Signature of Transferor (consent holder)  | Date:     |  |  |
|             | <b>OR:</b> Signature of authorised person   | Date:     |  |  |
|             | I confirm that I am authorised to sign this form on behalf of the Transferor (consent holder)           | Date:     |  |  |
|             | O Tick <b>only</b> if you wish to receive written notice when the transfer is comple                    |           |  |  |

## Section 3: New consent holder details (to be completed by transferee)

For individuals, you must provide the full names of all individuals (such as John Robert Smith and Mary Jane Williams).

For **companies and other incorporated entities** you must provide the company name and registration number. You must also provide the name of a person or persons who will represent your company and be responsible for compliance with our rules.

For **partnerships** and **unincorporated entities** (such as private or family trusts or unincorporated societies), we must have the details of all authorised partners, trustees, members or officers. We may also request a copy of your society's rules to verify your status as a formal body or society.

We will send you written notice when the transfer is completed.

| Full name/s of new holder   |   |                      |            |  |  |  |  |  |  |  |
|---|---|----------------------|------------|--|--|--|--|--|--|--|
| This is the name/s that the consent   |   |                      |            |  |  |  |  |  |  |  |
| will be issued to.  |   |                      |            |  |  |  |  |  |  |  |
|   | Director/Minister/Chief Executive:              |                      |            |  |  |  |  |  |  |  |
| We cannot accept applications<br>made in the name of unregistered<br>companies.         | Company registration number:                    |                      |            |  |  |  |  |  |  |  |
| Postal address  |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
|   | Postcode:                                       |                      |            |  |  |  |  |  |  |  |
| Residential address   |   |                      |            |  |  |  |  |  |  |  |
| If different from postal address  |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
| Primary contact person/s  |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
|   |   |                      |            |  |  |  |  |  |  |  |
| Email address   |   |                      |            |  |  |  |  |  |  |  |
| Phone number/s  | Home:   | Business:            |            |  |  |  |  |  |  |  |
|   | Mobile:   |                      |            |  |  |  |  |  |  |  |
| Declaration   | I/we accept transfer and responsibility for the | ne detailed resource | consent/s. |  |  |  |  |  |  |  |
| Please make sure you are aware of<br>your new consent's conditions and<br>likely costs. | Signature of Transferee                         |                      | Date:      |  |  |  |  |  |  |  |

| Declaration                                     | <b>OR</b> : Signature of authorised person  | Date: |
|---|---|-------|
| Please make sure you are aware of               |   |       |
| your new consent's conditions and likely costs. | I confirm that I am authorised to sign this form on behalf of the Transferee (consent holder) | Date: |

#### Partnership/unincorporated entity details

For **partnerships** and **unincorporated entities** (such as private or family trusts or unincorporated bodies or societies) you must provide details of all authorised partners, trustees or members. Include details of any further partners/trustees/members on a separate page if necessary. Your consent will then include these names, and all individuals will be legally responsible for the activity and any associated compliance issues. Should these persons change, then you must notify us.

| Name of person:                             |           |
|---|-----------|
| <b>Status</b> (such as partner or trustee): |           |
| Residential address:                        |           |
|   |           |
|   |           |
|   | Postcode: |
| Name of person:                             |           |
| <b>Status</b> (such as partner or trustee): |           |
| Residential address:                        |           |
|   |           |
|   |           |
|   | Postcode: |
| Name of person:                             |           |
| <b>Status</b> (such as partner or trustee): |           |
| Residential address:                        |           |
|   |           |
|   |           |
|   | Postcode: |

## **Occupier details**

If the occupier of the activity site differs from the property owner please provide their names and contact details.

| Occupier name/s                 |           |           |  |  |  |  |  |  |
|---------------------------------|-----------|-----------|--|--|--|--|--|--|
|                                 |           |           |  |  |  |  |  |  |
| Status (such as farm manager or |           |           |  |  |  |  |  |  |
| sharemilker):                   |           |           |  |  |  |  |  |  |
| Postal address                  |           |           |  |  |  |  |  |  |
|                                 |           |           |  |  |  |  |  |  |
|                                 | Postcode: |           |  |  |  |  |  |  |
| Email address                   |           |           |  |  |  |  |  |  |
| Phone number/s                  | Home:     | Business: |  |  |  |  |  |  |
|                                 | Mobile:   |           |  |  |  |  |  |  |

#### Section 4: Consent transfer fee and payment

#### **Consent transfer fee:**

The fee for the transfer of consent is \$161.00 (GST inclusive) and \$115.00 (GST inclusive) each consent thereafter and the full amount is required when you submit this form. There is no charge for a transfer of a bore/well or a permitted activity.

Note: this fee specifically relates to 'transfers of resource consents to another person(s) at the same location'. For more complex transfers e.g., 'transfers of resource consents to the same or different person(s) at a different location', or transfers of part of any consent to any other person, actual and reasonable costs will apply.

Total amount paid \_\_\_\_\_\_ Payment date\_\_\_\_\_

Waikato Regional Council is no longer accepting cash or cheque payments. For internet banking / direct credit, please use the following details and please remember to complete the Payer particulars and reference sections as this will help us to identify your payment.

### PAY TO THE CREDIT OF WAIKATO REGIONAL COUNCIL, ANZ, HAMILTON BRANCH

| Name of account          | Bank Branch |   |   |   |   |   | Αссοι | int No. |   |   |   | Suffix |   |   |   |   |  |
|--------------------------|-------------|---|---|---|---|---|-------|---------|---|---|---|--------|---|---|---|---|--|
| Waikato Regional Council | 0           | 6 | 0 | 3 | 1 | 7 | 0     | 0       | 9 | 6 | 4 | 4      | 2 | 0 | 0 | 0 |  |

### DETAILS TO APPEAR ON PAYEE'S BANK STATEMENT

| Payer particulars (max 12 characters) Transferor name |        |      |   |   |   |   |   | Paye | r cod | e (ma | ix 12 c | hara | cters | s) <b>Tra</b> | nsfero | or nam | e |  |  |  |  |  |  |
|---|--------|------|---|---|---|---|---|------|-------|-------|---------|------|-------|---------------|--------|--------|---|--|--|--|--|--|--|
|   |        |      |   |   |   |   |   |      |       |       |         |      |       |               |        |        |   |  |  |  |  |  |  |
| Payer   | refere | ence |   |   |   |   |   |      |       |       |         |      |       |               |        |        |   |  |  |  |  |  |  |
| R   | С      | т    | R | Α | N | S | F | E    | R     |       |         |      |       |               |        |        |   |  |  |  |  |  |  |
|   |        |      |   |   |   |   |   |      | 1     |       | -       |      |       |               |        |        |   |  |  |  |  |  |  |

## **Privacy statement:**

The Resource Management Act (1991) requires this information to process the transfer of your resource consent(s) and assist in managing the region's natural and physical resources. Information in this transfer is regarded as **official information**.

Waikato Regional Council will hold this information, including all associated attachments, and it is subject to the Local Government Official Information and Meetings Act 1987 and the Privacy Act 2020. The details may also be made available to the public.

Under the Privacy Act 2020 you have the right of access to, and correction of, personal information held by the Waikato Regional Council.

Waikato Regional Council, 160 Ward Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240. Phone our Resource Use staff on 0800 800 401. **waikatoregion.govt.nz**