Change of resource consent holder form

This form is to advise Greater Wellington Regional Council (GWRC) of any changes to a consent holder name, or to apply to transfer a resource consent(s) under sections 134-137 of the Resource Management Act 1991 to another person.

Email: **notifications@gw.govt.nz**

Telephone: **0800 496 734**

To: Environmental Regulation Department
Greater Wellington Regional Council
PO Box 11646
Wellington 6142

or

Environmental Regulation Department
Greater Wellington Regional Council
PO Box 41
Masterton 5840

Note: GWRC may not complete processing this application until any outstanding charges associated with the consent(s) are paid and/or settled

Consent details (from your consent certificate or decision report)

Consent no WAR or WGN: .....

Consent type: .....

Describe any proposed change in the activity: .....

.....

Date transfer/name change effective from: .....

Current consent holder details

Full name or company name of current consent holder (BLOCK CAPITALS):

.....

Postal address: .....

Telephone no's: Business: ..... Private: ..... Mobile: .....

Email: .....

Name and address for service of documents (if different from above): .....

.....

.....

Signature (current consent holder): ..... **Date**: .....

***Note**: If a private or family trust is the current consent holder, all trustees are required to provide contact details and sign this form. This can be completed in the additional contact details space on the following page.*

New consent holder details

Full name or company name of new consent holder (BLOCK CAPITALS) [please give christian names for consent]:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Contact name (if company):

Name and address for service of documents (if different from above):

Administration fee

An initial fee of **$161.00** (incl. GST) applies to transfers of consent(s) to another person/entity, adding a consent holder or changing the name of the consent holder, which does not include any changes to the activity or conditions. This initial fixed transfer fee covers the cost of average time spent processing the change request. Where other changes are required, the actual and reasonable cost of transferring consent(s) are recovered. New and existing consent holders are responsible for agreeing upon the person/entity responsible for payment of the transfer fee. If unpaid before the completion of the transfer, this fee is invoiced to the new consent holder.

How are you paying (please tick one)

☐ Internet banking to: Greater Wellington Regional Council – ANZ account 06-0582-0104781-00

Date of payment: Reference details used:

Note: for reference details please quote "Transfer" and the resource consent file number (WAR/WGN)

☐ Cash/Eftpos (to be made at Wellington or Masterton office)

Who is paying (please tick one)

☐ New Consent Holder ☐ Existing Consent Holder

New consent holder's declaration

I/we hereby certify that, to the best of my/our knowledge and belief, the information given in this transfer request is true and correct.

I/we understand that the Council may charge me/us for all costs actually and reasonably incurred in the monitoring of this resource consent. Subject to my/our rights under sections 357B and 358 of the RMA to object to any costs, I/we undertake to pay all and future processing costs and monitoring costs incurred by the Council. Without limiting the Council's legal rights, if any steps, including the use of debt collectors, are necessary to recover unpaid costs, I/we agree to pay all costs associated with recovering those costs. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company in signing this application I/we are binding the trust, society or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Signature (new consent holder): Date:

Note: If a private or family trust is the new consent holder, all trustees are required to provide contact details and sign this form. This can be completed in the additional contact details space below.

Additional contact details for private and family trusts

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date: dd

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date:

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date:

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date:

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date:

Full name:

Postal address:

Telephone no's: Business: Private: Mobile:

Email:

Signature: Date: