



Notice of  
**Change of a Permitted Activity  
 Notifier**

**Office Use Only**

Date Received:

**Permitted Activity Details**

Permitted Activity No: \_\_\_\_\_ File Reference: \_\_\_\_\_  
 Authorised Activity: \_\_\_\_\_  
 Location/Site Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Change Effective: \_\_\_\_\_

**Property Details**

Legal Description of property where activity occurs (or for coastal permits Legal Description of property adjacent to site where activity occurs) \_\_\_\_\_  
 \_\_\_\_\_

Property owners name (if different from the holder) \_\_\_\_\_

*Please attach a copy of the certificate of title where this is applicable*

**This section is to be completed by the Permitted Activity Notifier**

**Contact Details**

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No's: Bus \_\_\_\_\_ After Hours \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax No \_\_\_\_\_

**Will these Contact Details be changing? If so, enter the new details below**

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address  
 (if different from above) \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No's: Bus \_\_\_\_\_ After Hours \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax No \_\_\_\_\_  
 Date from which New Contact to be used \_\_\_\_\_

**Address for Service (if different from above, e.g. Solicitor/Consultant)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Declaration Existing Permitted Activity Notifier**

As described above the permitted activity notifiers interest in the permitted activity is hereby transferred, subject to the provisions of the Resource Management Act and any relevant conditions.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

This section is to be completed by the New Permitted Activity Notifier

**Contact Details**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No's: Bus \_\_\_\_\_ After Hours \_\_\_\_\_

Mobile \_\_\_\_\_ Fax No \_\_\_\_\_

**Address for Service (if different from above, e.g. Solicitor/Consultant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Declaration Permitted Activity Notifier**

I/We the undersigned acknowledge that the permitted activity is to be held in my / our name as described above and undertake to comply with all conditions of the permitted activity, and accept liability for all charges associated with this permitted activity from the date of transfer.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

**Please return to**

Consent Services

Auckland Regional Council

Private Bag 92 012

AUCKLAND

Phone: (09) 366 2000

Fax: (09) 366 2155

If calling from outside the Auckland free call area phone 0800 80 60 40