



Notice of  
**Transfer of a Resource Consent  
 to Another Person**  
 under the Resource Management Act 1991

**Office Use Only**

Date Received: \_\_\_\_\_

Fee: \$ 200.—

Customer No: \_\_\_\_\_

**Consent Details**

Consent No: \_\_\_\_\_ File Reference: \_\_\_\_\_

Authorised Activity: \_\_\_\_\_

Location/Site Address: \_\_\_\_\_  
 \_\_\_\_\_

Date Transfer 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 (where this is different from the consent holder)

\_\_\_\_\_

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

**This section is to be completed by the Existing Consent Holder**

**Contact Details**

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

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

Street Address: \_\_\_\_\_  
 (if different from above) \_\_\_\_\_

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 Consent Holder**

The consent holder declares that to the best of their knowledge the activity described above is in full compliance with all terms and conditions of the resource consent and as such, the consent holder's interest in the consent is hereby transferred, subject to the provisions of the Resource Management Act and any relevant Consent conditions.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_

This section is to be completed by the New Consent Holder (Transferee)

**Contact Details**

Full Name/s: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
(if different from above)  
Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
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 New Consent Holder**

I/We the undersigned have reviewed the consent conditions and acknowledge that the consent is to be transferred as described above, and undertake to comply with all conditions of the consent. I/We understand that I/we will be liable for annual charges and other monitoring and supervision charges associated with the consent, effective from the date of transfer.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_

Note: Should there be any concerns regarding the compliance status of this consent please contact an Auckland Regional Council Compliance Monitoring Officer

**Please return to the address below together with the \$200 transfer fee**

Client 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