



Application for  
**Extension of a Lapsed  
 Resource Consent**

under section 125 of the Resource Management Act 1991

**Office Use Only**

Date Received:

File No:

Consent No:

WBS No:

Fee: \$

Customer No:

**Consent Details**

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

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

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

**Consent Holder 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: \_\_\_\_\_

**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*

**Application Details**

Give details of the progress that has been made, and is continuing to be made towards giving effect to the consent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Don't forget to sign this application form on page 2

Additional space for details of progress

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Continue on separate sheet if necessary

**Note**

Written approval for the extension of the consent will need to be obtained from every person who may be adversely affected by the granting of an extension, unless the Regional Council considers this to be unreasonable. You may wish to discuss this requirement with ARC staff before you lodge your application.

**Is your application complete**

In order to provide a complete application have you remembered to:

- Fully complete this application form
- Attach the deposit fee. Cheques payable to Auckland Regional Council
- Attach written approvals if required

**Declaration**

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable application processing costs incurred by the Auckland Regional Council.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(In block letters) (Applicant/person authorised to sign on behalf of Applicant)  
Position \_\_\_\_\_ Date \_\_\_\_\_  
(Where applicable, eg. Manager)

**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