Doc No: IT-2044 (1 June 2005)

FORM 13

SUBMISSION ON A PUBLICLY OR LIMITED NOTIFIED APPLICATION CONCERNING RESOURCE CONSENT



Section 96 Resource Management Act 1991

(Rotorua Lakes Council is the operating name of Rotorua District Council)

To:	Name of Submitter:
Chief Executive	Kelly Melia
Rotorua Lakes Council	Relly Melia
Private Bag RO3029	
ROTORUA	
	[Full Name]

This is a submission on an application from [name of applicant]:

Tikanga Aroro Charitable Trust (TACT)

for a Resource Consent to [Briefly describe the type of consent, proposed activity, and location of the resource consent]:

Pūwhakamua reintegration housing

at [The location of the resource consent]:

671 Puaiti Road, Waikite Valley

The specific parts of the application that my submission relates to are [Give Details]:

The social impact, the feeling of safety in the area, and the increase in people and traffic in the area.

My submission is [include whether you **support or oppose** the specific parts of the application or wish to have them amended; and the reasons for your views]:

I oppose the application's proposed location for this facility, the proposed location of this facility will adversely affect the social community of my family.

We routinely visit a family on Te Kopia Road for a safe place to socialise with other children, this is currently our only avenue for safe socialisation due to risks of elopment with a lack of awareness of danger. This is a place with land for the kids to run around together where the risk of eloping into busy road

I seek the following decision from the consent authority [Give precise details, including the general nature of any conditions sought]:

Decline the application based on the proposed location of the site. To advise the applicant to find a location where adequate safety controls can be implemented, e.g. where police response times would be a deterrent to anti-social and violent behaviour.

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	I wish to be heard in support of my submission
/	I do not wish to be heard in support of my submission
1	If others make a similar submission, I will consider presenting a joint case with them at a hearing

Signature of submitter (or person authorised to sign on behalf of submitter):	Date:
k.melia	23-Jun-2025
ce of Submitter:	
Contact person: [name and designation, if applicable]	
Dr Kelly Melia	

Note to submitter:

You must serve a copy of your submission on the applicant as soon as reasonably practicable after you have served your submission on the consent authority.

The information you have provided on this form is required so that your submission can be processed under the RMA, and your name and address will be publicly available. The information will be stored on a public register and held by the Council, and may also be made available to the public on the Council's website. In addition, any on-going communications between you and Council will be held at Council's offices and may also be accessed upon request by a third party. Access to this information is administered in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. If you have any concerns about this, please discuss with a Council Planner prior to lodging your submission. If you would like to request access to, or correction of your details, please contact the Council.