

FORM 13

SUBMISSION ON A PUBLICLY OR LIMITED NOTIFIED
APPLICATION CONCERNING RESOURCE CONSENTROTORUA
LAKES COUNCIL

Section 96 Resource Management Act 1991

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

To: Chief Executive Rotorua Lakes Council Private Bag RO3029 ROTORUA	Name of Submitter: STEPHEN TREVOR HUSCOMB [Full Name]	Received 25 JUN 2025
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This is a submission on an application from [name of applicant]:

Rotorua Lakes Council
Customer Centre

TIKANGA ARORO CHARITABLE TRUST

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

TO ESTABLISH AND OPERATE A REINTEGRATION
HOUSING ACTIVITY IN THE RURAL ZONE 1A
OF THE ROTORUA LAKES DISTRICT PLAN.

at [The location of the resource consent]:

473 PUKITI ROAD, WAIKITE VALLEY

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

THE APPLICATION IN ITS ENTIRETY.

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 FOR THE FOLLOWING REASONS:

1) NON COMPLYING ACTIVITY / 2) SECURITY / SAFETY. - MY SENSE OF SAFETY AND SECURITY / PEACE WOULD BE TAKEN AWAY. - 45 MINUTES FROM POLICE / EMERGENCY SERVICES - POLICE RESPONSE WOULD BE COMPROMISED BY THE DISTANCE / TIME. 3) INCREASED TRAFFIC AND CRIME - THIS IS A QUITE

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

TO DECLINE THE APPLICATION

 RURAL
 AREA
 WITH YOUNG
 FAMILIES
 P.T.O PAGE
 3




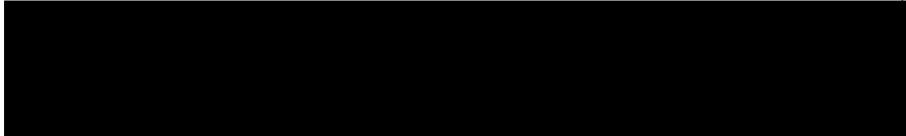

I wish to be heard in support of my submission



I do not wish to be heard in support of my submission



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: 16/06/2025
Address for service of Submitter: 	Telephone: 
Contact person: [name and designation, if applicable]	Fax/email:

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.

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- 4) NUMEROUS POWER CUTS - GUARANTEES OF CONTINUAL POWER IS LOW
- 5) CELL PHONE COVERAGE IS LOW OR NIL.
- 6) WAIKITE COUNTRY PRIMARY SCHOOL, IS APPROXIMATELY 10 MINUTES DRIVE. HAVING A PRISONER REINTEGRATION UNIT (OPEN PRISON) IS TOTALLY UNDESIRABLE THIS CLOSE.
- 7) THE MENTAL HEALTH OF THE IMMEDIATE NEIGHBOURING LANDOWNERS HAS BEEN CHALLENGED / COMPROMISED.