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

To:	Name of Submitter:
Chief Executive Rotorua Lakes Council Private Bag RO3029 ROTORUA	PAMELA MURRAY. *[Full Name]*

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

Tikanga Arora Charitable Trust

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

Reintegration housing in Rural Rotorua

at *[The location of the resource consent]*:

473 Paaiti Rd, Waikite Valley.

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

The whole application

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 - it does not fit into the rural 1A zone of the area - we live here abiding by the rules of the zoning. No application should be considered by applying outside of the zoning & attempting to start a facility with no consent — apparently this has been done previously!

Safety concerns - visiting Sat 9am → Sun pm - country roads, more vehicles - more stress on to the rural area

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

To decline the application.

facilities & lifestyle.

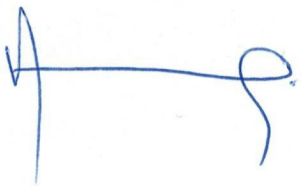
9 avenues to enter/exit the area - 10 residents with 2 'wardens' - how does this ensure the safety of the area?

Reintegration? — from incarceration to a paddock in the 'middle of nowhere' - no public transport/facilities/time an issue if needing emergency services to the location - Is this genuine reintegration?!

Hardly a great track record when Rotokawa are desperate to have them gone from their area!

Document Set ID: 21390817
Version: 1, Version Date: 10/07/2025

☐ **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:
	24/06/25
Address for service of Submitter: [redacted]	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.

Document Set ID: 21390827
Version: 1, Version Date: 04/07/2025