

FORM 13

**SUBMISSION ON A PUBLICLY OR LIMITED NOTIFIED
APPLICATION CONCERNING RESOURCE CONSENT**

**ROTORUA
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: Carolyn Morris <i>[Full Name]</i> |
|---|---|

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

Tikanga Araro 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 Puaiti 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:

I am one of the local Real Estate Agents and have lived and worked in this Valley for 12 years.

Since word of this facility potentially being set up in Waikite Valley, has significantly impacted both potential purchasers and vendors with purchasers wanting to move to Waikite to embrace the rural character and community connection as well as safety. This has impacted their decision not to move to our area and i have to legally to divulge this information to prospective buyers. With regards to Vendors in the area, many have chosen not to sell, have had offers withdrawn solely due to the

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

To decline the application.

☐



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 (<i>or person authorised to sign on behalf of submitter</i>):  | Date: |
|  | Telephone: |
| Contact person: <i>[name and designation, if applicable]</i> | 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.