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)

ROTORUA LAKES COUNCIL

To:	**Name of Submitter:**
Chief Executive Rotorua Lakes Council Private Bag RO3029 ROTORUA	Nicholas John Edmonds *[Full Name]*

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

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 Puaiti Rd, Waikite Valley

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

The Application in its Entireity

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]:*

The effect of an establishment such is this on a small rural community will be extremely detrimental. The type of people that this facility will attract as far as visitors alone bring an element to our community that will make it unsafe.
The distance from any support services such as police fire and ambulance put the entire community at risk. This is compounded by the staff to resident ratio proposed in the application. I have absolutely no faith that the facility is resourced to properly keep the community safe and any support the facility will call on is 40mins away.
The facility will forever take away aspects of everyday rural life that we all choose to live here for. I will no longer feel safe

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

To Decline the application

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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**

☐ **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: 25/6/25
[redacted]	[redacted]
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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