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:	Name of Submitter:
Chief Executive Rotorua Lakes Council Private Bag RO3029 ROTORUA	Elizabeth Parr *[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 as a non complying 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 it 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 reasons: I do not belivie a rural community like ours is the right setting for this. [redacted] and ~~with~~ with the boy racer problems we have out here i already feel unsafe. And this facility will just add to those problems. I have needed the police and ambulance a few times living out here and their response times are not that great! We also have our own robbery problem happening with people taking things off farms and adding more problem people with this facility is just going to make it worse! Our little country living community is meant to be nice and ~~quiet~~ quiet which is why people move to the country with this facility it will bring more traffic. More unwelcome visitors!

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

To decline the application in its entirety

☑ 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:
E A Parr	24/June/2025
Address for service of Submitter: [redacted]	Telephone: [redacted]
Contact person: *[name and designation, if applicable]* Elizabeth Parr	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.