

Hamilton City Operative District Plan October 2017 Proposed Plan Change 3 – Temple View Boundary Alteration

(Form 5 - Submission on a Publicly Notified Plan Change Under Clause 6 of the First Schedule to the Resource Management Act 1991)

Send completed submission forms to:

Address: Submissions Plan Change 3
Freepost 11
City Planning Unit
Hamilton City Council
Private Bag 3010
Hamilton 3240

Email: cityplanning@hamilton.govt.nz

IMPORTANT REMINDER: SUBMISSIONS MUST REACH COUNCIL BY 4.30PM, 29 MARCH 2019

Please print and do not use pencil. Please attach more pages if necessary. If you do not wish to use this form, please ensure that the same information required by this form is covered in your submission. Further information on how to make a submission and the submission process is available in a fact sheet from the Council, on the Council website www.Hamilton.govt.nz/templeviewPC3, or phone (07) 838 6618 (City Planning Unit).

To: Hamilton City Council

Submission on: Hamilton City Operative District Plan October 2017 Proposed Plan Change 3 - Temple View Boundary Alteration

Your full name: DAVID WALMSLEY

Company name: _____

Your postal address: 15 McKays Dr
Temple View
HAMILTON 3218

Your email address: walmsleyd@gmail.com

Contact name and address for service of person making the submission:

This is the person and address to which all communications from the Council about the submission will be sent. You do not need to fill this in if the details are the same as the above

Telephone number: _____

1. The specific provisions of the Proposed Plan Change that my submission relates to are as follows: *[Please refer to the specific section or part]*

PLAN change to ensure 14ha brought into Hamilton
IS NO LONGER SUBJECT TO THE RURAL ZONE PROVISIONS
OF THE WAKA DISTRICT COUNCIL

2. My submission is that:
[State in summary the nature of your submission. Clearly indicate whether you support or oppose the specific provisions or wish to have amendments made, giving reasons]

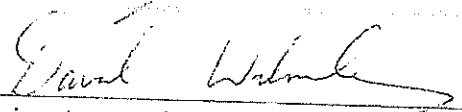
SUPPORT THE SPECIFIC PROVISIONS THAT ARE
TO BE AMENDED

3. I seek the following decision from the Hamilton City Council:
[Give precise details]

ALLOW THE AMENDMENT

4. I ~~do~~/do not wish to be heard in support of my submission.
[Please cross out the part of the statement that does not apply to you]

5. If others make a similar submission I would/would not be prepared to consider presenting a joint case with them at any hearing.
[Please cross out the part of the statement that does not apply to you]


[Your signature or that of the person authorised to sign on behalf of the person making this submission]

5/3/19
[Date]

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Please be aware when providing personal information that submissions may be reproduced and included in Council public documents. These documents are available on Council's website.