

**AFFECTED PERSONS CONSENT FORM
PURSUANT TO SECTION 94 OF THE
RESOURCE MANAGEMENT ACT 1991**

To: **The Buller District Council
PO Box 21
WESTPORT**

Affected Persons Details

Name: _____
(full name)

Address: _____
(full postal address and legal description)

Phone No: _____

Fax No: _____

I/We are the owners of the above property. *(please tick the appropriate box)*
 occupiers

Applicant/Proposal Details

Name of Applicant: _____

Resource Consent Number: _____

Details of Proposal: _____

Address of Proposal: _____
(postal address and legal description)

Please Turn Over

