

HE ARA TĀMATA CREATING GREAT PLACES

Supporting our people

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Office Use Only Application Number:

For Control of Earthworks Pursuant to Clause 2203.2 of Chapter 2 Control of Earthworks Bylaw 2019 Schedule A

1. Applicant Deta	ails			
Name/s: (please write all names in full)				
Note: Applicant must required.	t be a person or legal entity.	Full name of Individ	lual, Limited Liability Compa	any or Trust is
Postal Address:				
	Postcode			
Phone Numbers:	Work:		lome:	
	Fax:	E	Email:	
2. Address for Co				
Name and address for	service and correspondence	(if you are using an A	agent write their details here)	ı
Name:				
Postal Address:				
			Postcode	
Phone Numbers:	Work:		lome:	
	Fax:	F	Email:	

3. Billing Details

An instalment fee for processing this application is payable at the time of lodgement and must accompany your application in order for it to be lodged. Please note that if the instalment fee is insufficient to cover the actual and reasonable costs of work undertaken to process the application you will be required to pay any additional costs. Invoiced amounts are payable by the 20th of the month following invoice date. You may also be required to make additional payments if your application requires notification.

Name (please write name	ne or entity in fu	ull)			
Postal Address:					
		Postcode			
Phone Numbers:		Home:			
	Fax:	Email:			
reasonably incurred in proto any costs, I/we undertal Council's legal rights if ar costs I/we agree to pay al family), a society (incorpo	cessing this appl ke to pay all and by steps (includin I costs of recover rated or unincorp	es: I/we understand that the Council may charge lication. Subject to my/our rights under Sections 35 future processing costs incurred by the Council. Wing the use of debt collection agencies) are necessing those processing costs. If this application is morated or a company in signing this application I/waranteeing to pay all the above costs in my/our personal contents.	57B and 358 of the ithout limiting the Fasary to recover unpade on behalf of a we are binding the	RMA, to object ar North District baid processing trust (private or	
Name:		(Please Print)			
Signature:	Signature of Bill Payer/s (mandatory) Date:				
Location and/or Propert Site Address/Location: Zone of the Site Addre Location:		ss of the proposed activity			
Valuation Number: (from rates notice)		Legal Description: (from Certificate of	 Title)		
Certificate of Title Identi	tifier: (Please attach a Certificate of Title - Search Copy should be no more than 6 months old)				
Are there any sites of si If you answered yes to t	_	āori on the property? tion, have you consulted with the local lwi auth	☐ Yes nority? ☐ Yes	□ No □ No	
Are there any Archaeolo	ogical sites on th	ne property?	☐ Yes	□ No	
If you answered yes to t Zealand Pouhere Taong	•	tion, have you consulted with Heritage New	☐ Yes	□No	
Site Visit Requirements		m restricting access by council staff?	☐ Yes	□ No	
Is there a locked gate of		m restricting access by council staff?	□ Yes		

Please provide details of any other entry restrictions that council staff should be aware of e.g. health and safety, caretaker's details.					
5. Description of the Pro	oposed Earthworks				
Enter the volume of earthworks (continue on a separate sheet plan drawn to a recognised sca be such that the plan can be st	s, the depth of cut, height if necessary). Attach a deale e.g. 1:100, 1:200 to illu	tailed report by a suitably strate your proposal. Plea	qualified professional ar ase note that the plan det	nd a site tail mus	
Volume of cut:	m	³ Volume of fill:		m ³	
Total Volume of earthworks (cu					
Depth of Cut:	m Fill Height:		m		
Description of Proposed Earthy	works:				
Please Note: Earthworks that	breach District Plan zone	thresholds will be subject	to a landuse consent app	lication	
6. Erosion & Soil Sedim	ent Control Measure	S			
Please specify what erosion ar constructed in accordance with				usi be	
7. Other Consents Requ	ired/Being Applied fo	or Under Different Le	egislation		
(more than one box ca	an be ticked)				
Resource Consent:					
Regional Council Consent	:				
□ National Environmental St	andard Consent:				
Other (please specify):					
8 National Environment	al Standard (NES) C	neonte			
8. National Environment Your site may be subject to or of Human Health Regulations 201 (HAIL) which is a list of categor hazardous substances such as	covered by the NES for As 1. This is determined by ries of activity that involve to	sessing and Managing Co eference to the Hazardou he use, storage and dispo	s Activities and Industries	s List	
s this site on Council's HAIL D			☐ Yes ☐ I	No	
Is the site currently or has it his		activity on the HAIL?	□ Yes □ I		

More Information can be found by visiting Council's Website www.fndc.govt.nz

8.	Checklist (please tick the box if information is provided)				
	Payment (cheques should be made payable to the Far North District Council)				
	A current Certificate of Title (Search Copy should not be more than 6 months old) with any listed encumbrances e.g. Consent Notices, Covenants and Easements				
	Site Plan showing location and dimensions of all property boundaries, existing and/or proposed buildings locations of any watercourses, contours, proposed fill disposal area, depths of cut or fill faces, earthworks volume, cross section through earthworks area, proposed erosion and sediment control measures, proposed retaining walls.				
	Suitably Qualified SQEP Report (if required)				
	ease Note: All drawings and plans should be labelled, numbered and dated and drawn to a recognised metric ale e.g. 1:200; 1:100. Refer to Council's Engineering Standards for the definition of a SQEP.				
	The proposed works will comply with archaeological accidental discovery protocol				
Dec	claration: The information I have supplied with this application is true and complete to the best of my				
kno	owledge.				
Nar	me:				
Sig	nature: Date:				