



Sounds Foreshore Reserve Application for a Permit/Licence

Applicants are required to cover the costs of processing their application. A set fee is payable dependent on the nature of the proposed activity:

- " • \$230.00 plus GST for a permit to construct tracks or access ways
- " • \$230.00 plus GST to licence existing (historic) structures
- " • \$345.00 plus GST for a permit to construct structures (eg. boatsheds)
- " • \$575.00 plus GST for a permit to construct access tracks for commercial use (eg logging activities). "

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Vhe Department will consider your application cpf "uwr r n { { qw'y kj "cp" guko cvg'kh"

further charges will be incurred to process your" cr r rdecvkp0'

Application processing fees are not refundable if your application is wpuweeguhw0'

Applicants will be advised if further information is required before this application can be fully processed by the Department.

The Department recommends that the applicant contact the Picton/Waitohi Office to discuss the application prior to filling in this application form.

A. Applicant Details

(i) Applicant's full name: _____

Postal address: _____

Residential address: _____

(ii) Name of company/partnership in full (including registered office): _____

Registered address (if different from above): _____

(iii) Legal status (tick one):

☐ Individual ☐ Company ☐ Partnership ☐ Trust ☐ Incorporated Society

Other (please specify): _____

(iv) Phone No _____

(v) Fax No: _____

(vi) e-mail: _____

B. Description of Encroachment/Works on Sounds Foreshore Reserve

- (i) Describe in detail proposed structures/works or proposed additions to structures.

- (ii) Proposed start/finish date:

- (iii) Could this structure/work be reasonably sited outside the Sounds Foreshore Reserve? Is there an acceptable site on your adjoining property? Please provide details of other sites considered:

- (iv) Could any potential adverse effects be significantly less (and/or different) in another area or another part of the Sounds Foreshore Reserve? Give details/reasons.

- (v) Will this structure be used in relation to any commercial activity?

- (vi) What colour do you intend painting the finished structure? _____

- (vii) Will it be used in any way for living accommodation? _____

Please attach a copy of the Certificate of Title for your adjoining property (dated within one month of the date of this application).

C. Area(s)

- (i) Describe in detail and attach map.

D. Term

- (i) Term applied for: _____

E. Access

- (i) What form of access is currently available to your adjoining property?

- (ii) Will public access along the foreshore be restricted in any way? _____

- (iii) Is there any similar structure or facility in or near the area of the proposed works, structure or facility? If so, explain why your activity cannot reasonably use that existing structure and facility.

E. Planning Provisions

- | | | |
|-------|--|----------|
| (i) | Is the proposed activity consistent with the provisions of Section 14.10 of the Conservation Management Strategy (see abstract attached): | YES / NO |
| (ii) | Does your proposal comply with the MDC district plan(s) for the area? | YES / NO |
| (iii) | Do you require resource consent under the Resource Management Act? (Ask the relevant councils' planning sections for advice. Generally, if structures are to be built, it is likely that resource consent will be required.) | YES / NO |

- (iv) If resource consent is required, please provide details of the consent together with information on progress with the application for consents. (It will be a condition of any licence to occupy that all necessary consents have been obtained.)

F. Description of actual and potential effects of proposal

Please answer the questions below to provide a description of the potential environmental effects for this application. In many cases, if an Assessment of Environmental Effect (AEE) has been prepared for resource consent under the Resource Management Act 1991, this may be sufficient. Your description should be attached.

The information you provide will help the Department in its consideration of your application. You may wish to discuss the checklist with departmental staff. The Department will be able to provide you with some assistance. The name and location of the staff person who can assist you is: Robin Cox, Picton Field Base, phone 03 520 3012.

Identifying Effects

(Strike out the answers that do not apply)

- | | | |
|-----|---|------------------|
| 1. | Are natural waterways or bodies of water affected by or used by your proposed activity? | YES / NO/ UNSURE |
| 2. | Will your proposed activity result in any disturbance of any native vegetation? | YES / NO/ UNSURE |
| 3. | Will your proposed activity involve any disturbance to soils or any other natural feature either during the construction phase or on an intermittent or on-going basis? | YES / NO/ UNSURE |
| 4. | Will any aspects of your proposed activity be visible from within or adjoining the areas where you want to build? | YES / NO/ UNSURE |
| 5. | Will your proposed activity focus on or have any effect on, or be affected by, any wildlife species either within or near the area where you want to operate? | YES / NO/ UNSURE |
| 6. | Is it possible that your activity will introduce weeds, or seeds of weeds into the area? | YES / NO/ UNSURE |
| 7. | Is there any risk of fire associated with your activity? | YES / NO/ UNSURE |
| 8. | Will your proposed activity cause any noise during either the initial start-up phase or on a periodic or ongoing basis? | YES / NO/ UNSURE |
| 9. | Will any other visitors, commercial or private, be present in or near the areas you wish to use? | YES / NO/ UNSURE |
| 10. | Will any aspect of your proposed activity affect current or future public access or use of either the nominated or adjoining conservation lands? | YES / NO/ UNSURE |

11. Will your proposed activity have any effect on archaeological/historic sites? YES / NO/ UNSURE
12. Are there any other effects which may be relevant? YES / NO/ UNSURE

Where you have answered yes to any of the above, you need to provide an explanation of the effects.

G. Measures to Avoid, Remedy or Mitigate

Where you have identified actual or possible effects in your description by answering YES/UNSURE, please also describe the actions you propose to take to avoid, remedy or mitigate those effects.

Please provide this information on a separate sheet/s and attach to your application.
Label G.

Example: Weeds may be introduced with gravel used for paths.
Proposed action to avoid this: consultation with DOC on suitable sources of gravel.

H. Bond

A bond will required to ensure compliance with the conditions of the SFR Permit document and to ensure that where environmental rehabilitation is required, this can be arranged if the Permittee defaults. The amount of the bond will be set at an appropriate level to recognize potential costs. The bond will be held in trust and refunded (with interest) at the conclusion of the building activity or used to repair any damage.

I. Consultation Undertaken

- (i) Please describe (including names of individuals) the kind and level of consultation (if any) you have carried out with respect to your proposal. This may have involved consulting tangata whenua (local Maori), the local community, neighbours, other Crown agencies/managers, etc.

Thank you for your application.

Please ensure that:

- You have attached all maps, plans and additional information relevant to your application. Ensure that all attachments are labelled for the relevant section in the application form.
- A recent copy of the Certificate of Title to your adjoining property is attached.
- Your set application processing fee is included with your application.

If you have any queries on the application process please contact the Christchurch Service Centre. Email: permissionschristchurch@doc.govt.nz Phone: 03 371 3700

I certify that the information provided on this application form and attached additional information is to the best of my knowledge true and correct:

_____	____ / ____ / ____
Signature (Applicant)	Date

_____	____ / ____ / ____
Signature (Witness)	

Name

Address

This application is made pursuant to section 7 ROLD Act 1982 and Section 61 of the Reserves Act 1977.

The purpose of collecting this information is to enable the Department to process your SFR Licence/Permit application. The Department will not use the information for any reason not related to that purpose.

Applicants should be aware that provisions of the Official Information Act may require that some or all information in this application be publicly released.



CREDIT APPLICATION FORM

Application for a Credit Account with the Department of Conservation

(All fields must be completed)

Full Legal Name				Date of Birth:	
Trading Name					
Drivers Licence Number:			Licence Version Number:		
GST Registration Number:			Company Registration Number:		
Trading Address (Physical address can not be a PO Box)					
				Post Code	
Address for Invoice/ Statement (Postal Address)					
				Post Code	
Email Address					
Phone Number			Fax Number:		
Contact Person			Mobile Number:		
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
	If partnership or limited company provided details for owners, partners and/or directors				
Full Names (incl DOB), drivers licence number, addresses, home phone numbers of owners, partners and/or directors.					
Have you held an account with the Department before?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Under what name:			Area:		

Please turn over to complete the Terms and Conditions

Terms and Conditions for a Credit Account with the Department of Conservation

I /We ("the Applicant") apply for credit on the following terms and conditions:

1. I /We agree that the following 3 trade references may be approached in order to assist processing of this application:

	Trade References These are referees that supply you with goods or services on standard business terms i.e. 20 th of month following supply not banks, electricity suppliers, landlords etc.	Telephone Number	Contact Person
(1)			
(2)			
(3)			

2. I/We agree that the Department of Conservation can provide my details to the Department's Credit Checking Agency to enable it to conduct a full credit check.
3. I/We warrant that the information in this application is true and correct.
4. I/We agree that any change which affects the trading address, legal entity, structure of management or control of the applicant's company (as detailed in this application) will be notified in writing to the Department of Conservation within 7 days of that change becoming effective.
5. I/We agree to notify the Department of Conservation of any disputed charges within 14 days of the date of the invoice.
6. I/We agree to fully pay the Department of Conservation for any invoice received on or before the due date.
7. I/We agree to pay all costs incurred (including interest, legal costs and debt recovery fees) to recover any money owing on this account.
8. I/We agree that the credit account provided by the Department of Conservation may be withdrawn by the Department of Conservation, if any terms and conditions of the credit account are not met.

Applicant

Signed:		Name:	
Designation:		Date:	

For Departmental use

Credit check completed ☐

Comments :			
Signed		Name	
Approved		Name	

Note: Approval is to be by a Tier IV Manager or above