



# Stockwater Race Works

## Affected Parties Written Consent

Please return this form to: [info@adc.govt.nz](mailto:info@adc.govt.nz) or Ashburton District Council, PO Box 94, Ashburton 7740

### Completed by Applicant

Name:

Location of Proposed Works:

Description of Proposed Works:

### Completed by Person Giving Approval

Name:

Company/Farm:

Contact Phone Number:

Location:

Property Number:

### Signature and Date

I/we, the undersigned, being the legal owner/occupier of the above property

- (1) have inspected the plan and description of the proposed work
- (2) hereby give my/our approval for the proposed works to proceed
- (3) understand that, if I give my approval, the Ashburton District Council shall not take into account any effects that the proposed activity may have on me/us when considering the application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_