

Resource Consent

RCAP01 VER 1.2 Jan 2016

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

Submitter Details					
Name:	Melss	a A Cam	uon	Ross	
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Consent Application	1				
Name of applicant:	Ennorl	nuestment	SHol	Reubo	n Emar
Application number:	LUC23	5/0048			
I/We support this ap]		I/We oppose this	application
See attach	ed				
I wish the consent a sought):	uthority to make	the following decision	on (please gi	ve details, including	the general nature of any conditions
I wish to be heard in	n support of my	N		I do not wish to b	e heard in support of
submission				my submission	
				my submission	
Signature and Dat	te 17.3.	2025.		my submission	