



Submissions must be received no later than Wednesday 10 August 2016.

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Make your submission:

Post: District Plan Submissions
Christchurch City Council
PO Box 73001 Christchurch 8154

Email: dpreview@ccc.govt.nz

Deliver: Christchurch City Council
53 Hereford Street, Christchurch

Online: proposeddistrictplan.ccc.govt.nz

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Submitter Details *(All details marked with an * must be provided)*

Full name(s)*

I authorise the person below to represent my submission: (tick)

Submitter agent's name

Address for service *(indicate your preference)**

Email* (tick)

Post* (tick)

Phone number* ()

Mobile number*

Privacy Act 1993

Submissions are public information. Information on this form including your name and contact details will be accessible to the public on the Independent Hearings Panel (IHP) or the Council websites and at Council service centres and libraries. The Council is required to make this information available under the provisions of the Canterbury Earthquake (Christchurch Replacement District Plan) Order 2014. Your contact details will only be used by the Council and IHP for the purpose of the district plan review process. The information will be held by the Council or IHP. You have the right to access the information and request any correction.

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Trade Competition *(All details marked with an * must be provided)*

If you are a person who could gain an advantage in trade competition through making a submission, your right to make a submission may be limited by Clause 6(2) Schedule 1 of the Canterbury Earthquake (Christchurch Replacement District Plan) Order 2014.

I could gain an advantage in trade competition through this submission.* Y N

If you answered Yes to the above statement please complete the following.

I am directly affected by an effect of the proposal that -

(a) adversely affects the environment; and

(b) does not relate to trade competition or the effects of trade competition Y N

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Hearing *(All details marked with an * must be provided)*

I wish to be heard in support of my submission.* Y N

If you answered Yes to the above statement please complete the following:

If others make a similar submission, I will consider presenting a joint case with them at a hearing. Y N

Signature of submitter*

Date*

