

Resource Consents Unit

Submission on an Application for Resource Consent

Resource Management Act 1991 – Form 13

Email your submission to: resourceconsentapplications@ccc.govt.nz; or

Deliver to: Resource Consents Unit, Christchurch City Council, 53 Hereford Street, Christchurch; or

Send to: Resource Consents Unit, Christchurch City Council, PO Box 73013, Christchurch Mail Centre, Christchurch 8154.

For enquiries phone: 03 941 8999

1. Submitter Details

Application Reference:

RMA: 2020/405

Planner: Shona Jowett

Name of Submitter (*state full name*):

Street Address: Post Code:.....

Postal Address (*if different*): Post Code:.....

Email Address:.....

Contact phone number (*daytime*):

My address for service for receiving documents and communication about this application is:

By email

By post

2. Application details

Application Reference Number (*if not stated above*): **RMA/2020/405**

Name of Applicant (*state full name*): **The Youth Hub Trust**.....

Application Site Address: **109 Salisbury Street, Central City**

Description of Proposed Activity: **New buildings to accommodate facilities to provide services including healthcare, employment, education and housing to young people between the ages of 10 - 25**.....

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3. Submission details

I / we: Support all or part of the application

Oppose all or part of the application

Am neutral towards the application

The specific parts of the application that my/our submission relates to are: (*give details, using additional pages if required.*)

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The reasons for my/our submission are: *(use additional pages if required.)*

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The decision I/we would like the Council to make is: *(give details including, if relevant, the parts of the application you wish to have amended and the general nature of any conditions sought. Use additional pages if required.)*

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4. Hearing of this application

If a hearing is held I / we:

- Wish to** speak in support of my / our submission
- Do not wish to** speak in support of my / our submission
- If others make a similar submission I / we will consider presenting a joint case with them at the hearing

Please note that only those submitters who indicate that they wish to speak at the hearing will be sent a copy of the planning report.

5. Signature

(Of submitter(s) or person authorised to sign on behalf of submitter(s))

Signature: Date:

Signature: Date:

Note: A signature is not required if you make your submission by electronic means

6. Important information

1. The Council must receive your submission before the closing date and time for submissions on this application.
2. You must also send a copy of this submission to the applicant as soon as reasonably practicable, at the applicant's address for service.
3. If you change your mind about whether you wish to speak at the hearing, please contact the Council by telephone on 941 8999 or by email at resourceconsentapplications@ccc.govt.nz.

7. Privacy information

The information requested on this form, including your contact details, is required by the Resource Management Act 1991. The information will be held by the Council, and you may ask to check and correct any personal information that we hold about you. Your submission, including your name and contact details, will be made available to the decision-maker and other parties involved in the application. It may also be made available on the Council's website.

If requested, the Council is legally required to make all submissions available to the public (which can include the media), including the name and contact details of the submitter, subject to the provisions of the Local Government Official Information and Meetings Act 1987. If you believe there are compelling reasons why your contact details should be kept confidential please contact the Processing Planner for this application.

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| For Office Use Only Received at the Office on at am / pm |
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