

**AFFECTED PERSONS CONSENT FORM  
PURSUANT TO SECTION 95 OF THE  
RESOURCE MANAGEMENT ACT 1991**

To: **The Buller District Council**  
**PO Box 21**  
**WESTPORT 7866**

**Affected Persons Details**

Name: \_\_\_\_\_  
*(full name)*

Address: \_\_\_\_\_  
*(full postal address and legal description)*

\_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

I/We are the  owners of the above property. *(please tick the appropriate box)*  
 occupiers

**Applicant/Proposal Details**

Name of Applicant: \_\_\_\_\_

Resource Consent Number: \_\_\_\_\_

Details of Proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of Proposal: \_\_\_\_\_  
*(postal address and legal description)*

\_\_\_\_\_

\_\_\_\_\_

*Please Turn Over*

