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## Notice of Surrender of a Resource Consent



Under section 138(1) of the Resource Management Act 1991 a consent holder may surrender a consent, either in whole or part by giving written notice to the Consent Authority.

*(For Office Use Only)*

File No: \_\_\_\_\_

Consent No: \_\_\_\_\_

### PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

A Consent Authority may refuse to accept the surrender of part of a resource consent where it considers that surrender of that part would –

- (a) Affect the integrity of the consent; or
- (b) Affect the ability of the consent holder to meet other conditions of the consent; or
- (c) Lead to an adverse effect on the environment

A person who surrenders a resource consent remains liable –

- (a) For any breach of conditions of the consent which occurred before the surrender of the consent; and
- (b) To complete any work to give effect to the consent unless the consent authority directs otherwise in its Notice of Surrender.

**1 Consent Number to be surrendered:** \_\_\_\_\_

**2 Are you surrendering all or part of the consent?**

All

Part *(Please give details of the part to be surrendered and the part to be retained by the consent holder and your reasons below)*

\_\_\_\_\_  
\_\_\_\_\_

Are you surrendering this consent so you can exercise a replacement consent Yes / No

If yes what is the replacement consent number \_\_\_\_\_

**3 Consent Holder Details and Declaration:**

**Full Name/s:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Daytime Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**As described above, the consent holder/s interest in the consent is hereby surrendered.**

**Signature/s** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Consent Holder/s or person/s authorised to sign on behalf of consent holder/s)*

**Designation** \_\_\_\_\_

*(e.g., Consent Holder, Manager, Consultant)*

Please Note: A surrender of a resource consent takes effect on receipt by the consent holder of a notice of acceptance of the surrender from the consent authority.

**Please return this form to: Consents Administration, Otago Regional Council Private Bag 1954, Dunedin  
Email: public.enquiries@orc.govt.nz Phone: (03) 474 0827 Fax: (03) 479 0015**