

SUBMISSION FORM (FORM 5)

**PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL
DISTRICT PLAN: PROPOSED PRIVATE PLAN CHANGE 52 – REZONING
OF 20 STROMA WAY, MOUNT MARUA**



To: Upper Hutt City Council

File Number: 350/13-010
Submission Number:
(for office use only)

Submission on Proposed Private Plan Change 52 to the Upper Hutt City Council District Plan

Submissions can be:

Delivered to: Level 1 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt
Posted to: Proposed Private Plan Change 52, Upper Hutt City Council, Private Bag 907, Upper Hutt
Faxed to: (04) 528 2652
Emailed to: planning@uhcc.govt.nz

The closing date for submissions is Friday 14 August 2020 at 5pm

**PLEASE NOTE THAT THE INFORMATION PROVIDED IN YOUR SUBMISSION, INCLUDING YOUR
CONTACT DETAILS, WILL BE AVAILABLE TO THE PUBLIC**

DETAILS OF SUBMITTER

Name of submitter			
Postal address of submitter			
Agent acting for submitter (if applicable)			
Address for service (if different from above)			
Contact phone / email	Telephone:	Email:	
I could gain an advantage in trade competition through this submission (Please tick one)	NO		Only answer this question if you ticked YES: I am / am not (select one) directly affected by an effect of the subject matter of the submission that: (a) adversely affects the environment; and (b) does not relate to trade competition or the effects of trade competition.
	YES		

DETAILS OF SUBMISSION

The specific provisions of the proposed private Plan Change that my submission relates to are as follows:

(Please use additional sheets if necessary)

My submission is that:

(Please state in summary the nature of your submission. Clearly indicate whether you support or oppose the specific provisions or wish to have amendments made, giving reasons. Please use additional sheets if necessary)

I seek the following decision from the local authority:

(Please give precise details and use additional sheets if necessary)

Please indicate whether you wish to be heard in support of your submission (Tick appropriate box)	I do wish to be heard in support of my submission	
	I do not wish to be heard in support of my submission	
Please indicate whether you wish to make a joint case at the hearing if others make a similar submission (Tick appropriate box)	I do wish to make a joint case	
	I do not wish to make a joint case	

SIGNATURE AND DATE

Signature of person making submission or person authorised to sign on behalf of person making submission

Date: _____

(Note: A signature is not required if you are making your submission by electronic means)