

Application Certificate of Compliance

Resource Management Act 1991

Send or deliver your application to: Manawatu District Council

Private Bag 10 001, Feilding 4743 135 Manchester Street, Feilding 4702

For enquiries phone 06 323 0000 fax 06 323 0822 email public@mdc.govt.nz

Applicant details			
Full name			
Trading as			
Physical address			
Postal address			
(if different from above)			
Contact numbers	Phone (day)	Mobile	Fax
Email address			
Property details			
Address of property for whic	h information is required		
Current owner(s)			
Legal description	Lot number		DP number

Description of activity

Please provide a thorough description of the activity including number of staff and hours of operation (where applicable)				
standards of th distances from This application	ne District Plan. A detailed 1 : 10 boundaries, car parking, lands n for a Certificate of Compliand	ssary to demonstrate compliance with relevant performance 00 site plan, which should detail all buildings on the site and their caping, elevations of new buildings and a floor plan is required.		
	urpose of demonstrating that trict Council District Plan.	he proposed use as described above meets the requirements of th		
Signed for and	on behalf of the Applicant:			
	Λη	blicant name (<i>print in full</i>)		
	Λρ	sicant name (print in rutt)		
	Signature	Date		
For office use	only			
- ee		Fee (if C.T is required)		
Payment	☐ cheque ☐ cash			
Date received		Receipt number		