

Application for resource consent



Resource Consents Department Under Section 88 of the Resource Management Act 1991

To: Auckland Council
Private Bag 92300
Auckland 1142

You may post or deliver your application to your nearest Auckland Council service centre.

This form provides the council with your contact information and details about your proposal. If you need help completing this form or you are unsure about which form to use, visit aucklandcouncil.govt.nz/resourceconsents where you will find helpful guidance notes, or contact the council on 09 301 0101.

If you fail to complete this form and provide the necessary information, including the deposit fee, your application may not be accepted for processing. See Guidance Note 3.

1. Site location details:

Site(s) to which this application relates is described as:

No: 7 - 37

Street: Ngataranga Road

Suburb: Devonport

Legal description(s) Lot 4 & 5 DP 20927, and Certificate of Title 547719

2. General application details:

This application is for (tick all the boxes necessary to cover the proposal):

District consent

☒ Land use consent (District/City) ☐ Subdivision consent

Relevant district plan section

<input type="checkbox"/> Auckland Central Area	<input type="checkbox"/> Auckland Gulf Islands	<input type="checkbox"/> Auckland Isthmus
<input type="checkbox"/> Franklin	<input type="checkbox"/> Manukau	<input checked="" type="checkbox"/> North Shore
<input type="checkbox"/> Papakura	<input type="checkbox"/> Rodney	<input type="checkbox"/> Waitākere

Regional consent

<input checked="" type="checkbox"/> Discharge permit	<input checked="" type="checkbox"/> Coastal permit	<input checked="" type="checkbox"/> Water permit
<input checked="" type="checkbox"/> Land use consent (Regional)	<input type="checkbox"/> Other (give details)	

Relevant regional plan

<input checked="" type="checkbox"/> Coastal	<input checked="" type="checkbox"/> Sediment control	<input checked="" type="checkbox"/> Air, Land, Water
<input type="checkbox"/> Farm dairy discharges		

Office use only

Application no(s):

LN-2142200

Receipt date:

Deposit paid:

Consent:

☐ District
☐ Regional
☐ Integrated
☐ Proposed Auckland Unitary Plan

Stream number:

Is consent required under a National Environmental Standard (NES)?

☐ No

☒ Yes (give details)

NES Contaminated Land - for discretionary activity relating to a change in land use and soil disturbance Section 10(2).

3. Additional resource consents required:

3.1 Are any additional resource consent(s) required for this proposal but not being applied for under this application?

☒ No

☐ Yes (give details)

3.2 Advise of any existing consents and the date at which they expire. (Provide consent numbers and an assessment of the value of the investment of the existing consent holder (for the purposes of section 104(2A)).

N/A

4. Applicant's details (All invoices will be made out to and sent to the applicant unless otherwise stated in Section 6.):

Applicant's full name

(The name of the consent holder who will be responsible for the consent and any associated costs unless otherwise stated in Section 6)

Last Name:

First name(s):

Last Name:

First name(s):

or

Company/Trust/Organisation: Ryman Healthcare Limited

Contact person/All trustee names:

Andrew Mitchell

Physical address:

Airport Business Park
92 Russley Road, Christchurch

Postcode: 8042

Postal address: (If different from above)

PO Box 771
Christchurch

Postcode: 8140

Phone (day): (03) 366 4069

Mobile: 027 692 1651

Email: andrew.mitchell@rymanhealthcare.com

☒ Please tick if email preferred contact

The applicant is the:

☐ Owner

☐ Occupier

☒ Leasee

☐ Prospective purchaser (of the site to which the application relates) ☐ Other (please specify)

4.1 Name and address of each owner and occupier of land to which the application relates: (If different from above)

Name: Whai Rawa Property Holdings Limited

Address:

Ngati Whatua Orakei Trust, PO Box 42045
Orakei, Auckland

Postcode: 1745

5. Agent's or consultant's details (All correspondence will be sent to the agent and may also be sent to the applicant unless otherwise stated in Section 6.)

Company: Mitchell Partnerships Limited

Contact: Dr Phil Mitchell

Postal address:

PO Box 33 1642
Takapuna, Auckland

Postcode: 0740

Phone (day): (09) 486 5773

Mobile: 021 966 175

Email: phil.mitchell@mitchellpartnerships.co.nz

☒ Please tick if email preferred contact

6. Alternative addresses for correspondence and payee of invoices

All correspondence (excluding invoices) sent to:

☐ Applicant ☒ Agent/Consultant ☐ Other (name and address)

Name: Dr Phil Mitchell

Address:

PO Box 33 1642
Takapuna, Auckland

Postcode: 0740

All invoices made out to and sent to:

☒ Applicant ☐ Agent/Consultant ☐ Other (name and address)

Name: Ryman Healthcare Limited

Address:

PO Box 771
Christchurch

Postcode: 8140

7. Description of proposed activity (If insufficient space, please provide on additional pages.):

Ryman Healthcare Limited proposes to construct, operate and maintain a retirement village on the site. The retirement village has been designed to provide comprehensive care for elderly residents, ranging from those who are relatively independent through to those who require increased levels of care in an advanced care environment. The layout of the village has been specifically designed to meet the needs of the elderly residents and to ensure that potential adverse environmental effects are avoided, remedied or mitigated.

8. Other activities

Choose either:

- ☒ There are no other activities that are part of the proposal to which this application relates.
- ☐ The other activities that are part of the proposal to which the application relates are as follows:
(Describe the other activities. For any activities that are permitted activities, explain how the activity complies with the requirements, conditions, and permissions of any Plan or regulation so that a resource consent is not required for that activity under section 87A(1) of the RMA.)

9. Pre-application information

Have you had a pre-application meeting with the council regarding this proposal?

- ☒ Yes ☐ No ☐ Copy of minutes attached

Date of meeting: 29 October 2015

If 'yes', provide the reference number and/or name of staff member: Rob Hunter and Quentin Budd

10. Site visit requirements

10.1 Is there a locked gate or security system restricting access by council staff?

- ☐ Yes ☒ No

10.2 Is there a dog on the property?

- ☐ Yes ☒ No

10.3 Provide details of any entry restrictions or hazards that council staff should be aware of, e.g. health and safety, organic farm, measures to inhibit the transfer of Psa-V etc.

No site restrictions.

11. Notification of your application

Are you requesting that the application be publicly notified?

- ☐ Yes ☒ No

If 'yes', please provide an executive summary below and an electronic version of your application for notification purposes.

Please refer to the Standards for submitting documents electronically found at the council's website aucklandcouncil.govt.nz/resourceconsents

12. Cultural Impact Assessments and the Proposed Auckland Unitary Plan (PAUP)

12.1 Is your proposal located within a "Site or Place of Significance to Mana Whenua" or a "Site and Place of Value to Mana Whenua" as identified in the PAUP?

☐ Yes ☒ No

12.2 Is your proposal one of those types of application listed under the Rule in Part 3, Chapter G 2.7.4 of the PAUP?

☒ Yes ☐ No

12.3 If 'yes' to 12.1 or 12.2, have you contacted all the relevant Mana Whenua groups to establish whether their values are affected by your proposal?

☒ Yes ☐ No

12.4 If 'yes', please provide details with your application of all Mana Whenua groups contacted and their responses.

Please note that providing this information with the lodgement of your application will assist in processing your application in a timely manner. If you have not provided the relevant information your application may need to be placed on hold while this information is obtained.

In any case, please note that the council can assist you in determining whether the PAUP provisions referred to above apply and, if so, which Mana Whenua groups need to be approached. For more information refer to the "Proposed Auckland Unitary Plan – Rules" that apply. New section found at: aucklandcouncil.govt.nz/EN/planspoliciesprojects/plansstrategies/unitaryplan/Pages/rulesthatapplynow.aspx

13. Information to be submitted with your application

To satisfy the requirements of Section 88(2) and Schedule 4 of the Resource Management Act 1991 (RMA), please attach the following information to your application:

Accept/Reject

☒ Four copies (including one unbound) of all information, including plans, for all applications. If you are providing a PDF electronic version of all information, only two hard copies are required. Refer to Guidance note 2 for guidance on the preparation of plans.

☐ Application deposit fee – refer to the council's Fees and Charges Schedule. Indicate method of payment below:

☐ Cheque attached
Amount paid \$

☐ Credit card

☒ Customer account
Customer acc/number: 100052687

☒ Certificate(s) of Title less than three months old for the site to which this application relates. Attach the title and any consent notices, covenants, easements attached to the title if relevant or affected by the proposed activity.

☒ Locality plan or aerial photo. Indicate the location of the site in relation to the street and other landmarks. Show the street number of the subject site and those of adjoining sites.

☒ Detail(s) of the resource consent(s) being applied for including reference to specific rule(s) and reasons for consent.

☒ An assessment of effects on the environment in accordance with Schedule 4 of the RMA at a level of detail that corresponds with the scale and significance of the effects that the proposed activity may have on the environment. This may require one or more technical specialist reports. Include a full description of the proposed activity, the effects that may be generated and how these would be managed. For more information refer to Schedule 4 of the RMA and the council's Guidance note 1.

☒ An assessment against the matters in Part 2 of the RMA. This may be included in your AEE or in a separate document. For more information refer to Schedule 4 of the RMA and the council's Guidance note 1.

☒ An assessment against any relevant provisions of a statutory document (e.g. district and regional plans, the PAUP, National Policy Statements etc.). This may be included in your AEE or in a separate document. For more information refer to Schedule 4 of the RMA and the council's Guidance note 1.

☒ The Proposed Auckland Unitary Plan (PAUP) was notified on 30 September 2013. Some rules in the PAUP have legal effect from that date, in accordance with Section 86B of the RMA. Where the proposal infringes one or more of these rules, additional consent applications are required. Please ensure that the assessment of environmental effects that accompanies your application(s) includes reference to and consideration of any PAUP requirements.

☒ Include other information required by the relevant section of the operative district plan, an operative regional plan, the PAUP, the RMA or any regulations made under that act.

☒ Include details (name, postal and site address) of consultation undertaken (including with iwi) and any responses from persons consulted. For more information refer to Schedule 4 of the RMA and Guidance note 1.

A completed checklist where relevant to your application.

☐☐☐☐☐☐☐☐☐☐☐

14. Additional information – for regional consents or permits only under operative regional plans or the PAUP

14.1 Map reference of proposed works: 1759770 mE 5923910 mN

Use New Zealand Transverse Mercator (NZTM), e.g. 1756730mE 5919740mN.

Ensure that the location of your activity is marked to an accuracy of 10 metres on your location plan. You can obtain your map coordinates and an aerial photo from the Auckland Council GIS viewer found on the home page of the council's website, aucklandcouncil.govt.nz

14.2 Please provide the map reference of discharge points if relevant.

Map reference of proposed discharge or take point(s): 1759950 mE 5923955 mN

Is the discharge/take location on the same property as the application site?

☒ Yes ☐ No

If 'no', complete the details below.

Name or property owner: (If not the same)

Address:

 Postcode:

Legal description:

☐ Documentation confirming easement and/or covenants for wastewater, including a certificate of title for the property where the discharge occurs.

If required, also attach land owner approval.

14.3 Give the name of any stream, river or lake (or if the stream is unnamed, state which water body it is a tributary of).

Stream name: N/A - Discharges to Ngataranga Bay or tributary of:

14.4 Please indicate the duration for which you are requesting a permit (if relevant):

35 years

15. Signature of the applicant(s) or agent

Please read these notes before signing the application form

Payment of fees and charges

The council may charge the applicant for all costs actually and reasonably incurred in processing this application. Subject to the applicant's rights under sections 357B and 358 of the RMA to object to any costs, the applicant undertakes to pay all and future processing costs incurred by the council. The council may issue interim invoices for applications. If any steps, including the use of debt collectors and/or lawyers, are necessary to recover unpaid processing costs, the applicant agrees to pay all collection costs. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company, in signing this application the applicant binds the trust, society or company to pay all the above costs and guarantee to pay all the above costs in their personal capacity. Refer to the council's Fees and charges schedule found at: aucklandcouncil.govt.nz/resourceconsents

Note: Some regional permits include ongoing annual charges in addition to the processing fee. These are payable by the consent holder.

Development and financial contributions

When granting consent to certain activities, the council may levy a monetary contribution. Development contributions are levied under the Local Government Act 2002 in accordance with the council's Development Contribution Policy. Financial or reserve contributions are levied under the RMA under the relevant district plan. When such contributions become due, the consent holder is responsible for their payment. Unless otherwise advised, the name and contact address of the person responsible for payment of any contributions will be taken as the applicant.

Alternative contact and address for development and financial contributions:

Name:

Address:

 Postcode:

Site visit

By signing this form, if you are the owner of the application site, you confirm that the council may undertake a site inspection.

Privacy information

The council requires the information you have provided on this form to process your application under the RMA and to collect statistics. The council will hold and store the information, including all associated reports and attachments, on a public register. The details may also be made available to the public on the council's website. These details are collected to inform the general public and community groups about all consents which have been processed or issued through the council. If you would like to request access to, or correction of any details, please contact the council.

Declaration for the applicant or authorised agent or other

I/we confirm that I/we have read and understood the notes above.

If a private or family trust is the applicant, at least two New Zealand-based trustees are required to provide contact details and sign this form.

Applicant's name:

Applicant's signature:

Date:

Applicant's name:

Applicant's signature:

Date:

Applicant's name:

Applicant's signature:

Date:

Declaration for the agent authorised to sign on behalf of the applicant

As authorised agent for the applicant, I confirm that I have read and understood the above notes and confirm that I have fully informed the applicant of their/its liability under this document, including for fees and other charges, and that I have the applicant's authority to sign this application on their/its behalf.

Agent's full name: Dr Philip Hunter Mitchell

Agent's signature:



Date: 19/11/2015