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## Application for Easement over Reserve Land

To: Infrastructure Planners
Whangarei District Council
Private Bag 9023
Whangarei 0148

Infrastructure planners@wdc.govt.nz

Office Use only	
Date Received: Time received:	
App #: Property #: Land #:	
Infrastructure Planner:	

This application form should be used where you require an easement to connect infrastructure over a reserve administered by us.

The form is designed to provide us with your contact information and details about your proposal that are required for us to process your application. If you fail to complete this form and provide the necessary information, your application may not be accepted for processing.

1 Applicant Details		
Full Name of Applicant(s):		
Postal address:		
Phone: Email:		
I am the: ☐ Property owner ☐ Lessee		
2 Property Owner Details (if different from Applicant)		
Owner(s): Full Name:		
Postal address:		
Phone: Email:		
3 Project Details		
Please provide a description of the reserve affected by the project work:		
Please provide a description of the project work:		
Please provide the following details for the property requiring the easement:		
Physical address:		
Legal description(s):		



Does the application relate to an application for, or approved building or resource consent?		
□ Yes □ No		
If yes, please provide Council reference:		
Does the application relate to an application for, or approved connection to Council infrastructure?		
□ Yes □ No		
If yes, please provide Council reference:		
4 Information Requirements		
I attach:		
☐ Certificate of title for property requiring easement		
Search copy must be dated within the last 3 months		
$\square$ Recent photo of part of the reserve where the easement is to be created		
$\square$ Site Plan (drawn to scale) of the proposed infrastructure/ connection through reserve land		
☐ A description of how the connection will be constructed		
$\Box$ A description of what impacts the proposal may have on the reserve and how these can be mitigated.		
☐ A statement from a suitably qualified person outlining other options that have been considered for providing the connection and why these options are not practical.		
☐ Other information		
As required to understand the project works for which the easement is required. Please list below:		

## 8 Declaration of Applicant or Authorised Agent

## Fees and Charges:

You will be responsible for payment all actual and reasonable costs of processing the application.

The processing charge covers tasks such as site visits, report preparation, information searches, and input from other Council staff. Mileage is also charged. You will also be required to cover any surveying and legal costs associated with the application. Compensation for use and occupation for the land may also be chargeable.

You will be invoiced for costs associated with processing the application when a decision on your application is issued. In some cases, interim billing for processing costs may also occur.

## **Privacy Information:**

Council requires the information you have provided on this form to process your application and to collect statistics. 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 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 Council. If you would like to request access to, or correction of any details, please contact Council.



Applicant Declaration: (required where authorised agent is not acting on your behalf)

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

I undertake to pay all costs associated with this application. I also agree to pay all the costs (including debt collection or legal fees) of recovering any unpaid costs.

Applicant name:	
Applicant signature	Date:
Applicant name:	· · · · · · · · · · · · · · · · · · ·
Applicant signature	Date:
Authorised Agent Declaration:	
information and have fully informed the A	onfirm that I have read and understood the above applicant of their obligations in connection with this to payment of fees and other charges. I confirm that I have cation on their behalf.
Agent's signature	Date:
Name of agent:	
Company name	Reference:
Postal address:	
Phone:	Email:
9 Address for Service	
Please send all correspondence to (selec	et one):
☐ The Applicant	
☐ The Authorised Agent	
☐ Other (please provide details)	
Full Name:	
Postal address:	
Phone:	Email: