## Application Form to carry out works in an Auckland Transport Designation or Notice of Requirement



In completing and submitting this Application, you, the Applicant/s, agree to the terms and conditions set out in the schedule to this application form.

| 1. Applicant's Details   |   |  |
|--|---|--|
| Full names   |   |  |
|  |   |  |
| Postal address   |   |  |
|  |   |  |
| Email  |   |  |
| Contact number   |   |  |
| 2. Applicant's Representative (if different from above)  |   |  |
| Full names   |   |  |
|  |   |  |
| Postal address   |   |  |
|  |   |  |
| Email  |   |  |
| Contact number   |   |  |
| Preferred contact for  | □ Applicant   |  |
| correspondence   |   |  |
|  | ☐ Applicant's Representative  |  |
| 3. Property Address  | (Street, unit/level number, location of building/site, building name) |  |
|  |   |  |
|  |   |  |
| 4. Legal description   | of property (Record of Title identifier)                              |  |
|  |   |  |
|  |   |  |
| 5. Proposed Works  |   |  |
| Description of the works. Please include the location of the works and provide plans/drawings. |   |  |
| Please continue on a separate drawing if required.   |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |



| 6.   | Attachments   |  |
|--|---|--|
|  | Attached proof of payment of \$200 (GST inclusive) non-refundable application fee deposited     |  |
|  | to AT BNZ Account Number 02 0192 0122888 03 using the property address as reference.            |  |
|  | Attached a copy of the plan detailing the proposed works to scale.                              |  |
|  | Attached a copy of the resource consent application or supporting information.                  |  |
|  | Attached a copy of the record of title, less than 3 months old.                                 |  |
|  | Attached a copy of the aerial plan showing the designation and the proposed works clearly       |  |
|  | marked  |  |
| 7.   | Applicant's Statement   |  |
| •  | I/We understand that the application must be in compliance with the Resource Management         |  |
|  | Act 1991 and/or Auckland Transport processes.   |  |
| •  | I/We understand that AT cannot guarantee that any given application will be successful.         |  |
| •  | I/We agree to pay the non-refundable application fee of \$200 and all associated costs,         |  |
|  | charges and disbursements relating to this application.   |  |
| •  | I/We understand that AT may request further information to better understand the potential      |  |
|  | effects of this proposal. If the information is not received within three months of the request |  |
|  | being made, the application may lapse and a new application may be required, unless prior       |  |
|  | approval is obtained.   |  |
| •  | I/We understand that once this application is lodged with AT, it becomes public information. If |  |
|  | there is sensitive information in the proposal, please let us know.                             |  |
|  |   |  |
|  |   |  |
| Signature of Applicant or Applicant's Penrocentative |   |  |
| SIG  | gnature of Applicant or Applicant's Representative Date   |  |

Please email your application documents to <u>AucklandTransportPlanningTeam@at.govt.nz</u>

Once we receive your application, supporting information and application fee, a planner will be assigned who will be in touch with you.