



WAITAKI DISTRICT COUNCIL

Objection to Assessment of Development Contributions. Section 199C Local Government Act 2002. Objections must be lodged within 15 working days of the date on which the person lodging the objection receives notice from the Council of the level of development contribution required, or within 15 working days of the day following the date of notification of the result of a reconsideration of a development contribution assessment. Send or deliver to the completed form to: Chief Executive, Waitaki District Council, 20 Thames St, Oamaru 9444 or email to: service@waitaki.govt.nz

The Local Government Act 2002 allows for the full cost of the hearing and/or the administration and Commissioner costs associated with the objection to be paid by the objector. **Waitaki District Council requires a deposit of \$2,750+GST prior to commissioners being selected, with the balance to be paid on invoice.**

Name of Person/Company Objecting: _____

Address: _____

Phone: _____ Email: _____

Please advise the address of the development if it differs from above:

Development Contribution(s) for which objection relates to:
Please tick: Water [] Wastewater [] Rooding []

Building Consent or Resource Consent number: _____

Reason for objection (please tick the appropriate statutory ground(s)):
[] (a) Council failed to properly take into account features of the objector's development that, on their own or cumulatively with those of other developments, would substantially reduce the impact of the development on requirements for community facilities; or

[] (b) Council required a development contribution for community facilities not required by or related to, the objector's development, whether on its own or cumulatively with other developments; or

[] (c) Council required a development contribution in breach of section 200; or
[] (d) Council incorrectly applied its development contributions policy to the objector's development.

The objection must also set out the reasons for the objection. Please provide further information relevant to your objection: _____

_____(use additional paper if necessary)

Relief sought: _____

Do you wish to be heard by the Commissioner at a hearing? Yes [] No []

(To be signed by or on behalf of the person/company making the request)

Signature: _____ Date: ____/____/20____

Name of Signatory: _____

Status of Signatory: _____