WAITAKI DISTRICT COUNCIL

Request for a Reconsideration of Development Contributions. Section 199A Local Government Act 2002. The request must be lodged with the Council within 10 working days of when the person lodging the request receives notice from Council of the level of development contribution the Council requires. Send or deliver the completed form to: Chief Executive, Waitaki District Council, 20 Thames St, Oamaru 9444 or Email to: service@waitaki.govt.nz

Name of Person/Company requesting a Reconsideration:

_____

Adress:_____

Phone:_____Email:_____

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

_____

Development Contribution(s) for which reconsideration is sought:
Please tick: Water [ ] Wastewater [ ] Roading [ ]

Building Consent or Resource Consent number:_____

Reason for request for reconsideration (please tick the appropriate statutory reason(s)):

[ ] (a) the development contribution was incorrectly calculated or assessed under the Council's Development Contributions Policy; or
[ ] (b) Council incorrectly applied its Development Contributions Policy; or
[ ] (c) the information used to assess the person's development against the Development Contributions Policy, or the way Council has recorded or used it when requiring a development contribution, was incomplete or contained errors.

If a reconsideration is applied for in relation to grounds a) or b), no fee will be charged. In the case of the third ground, if any error in recording of information, or the manner in which it has been used is proven to be the fault of Council, no fee will be charged. If the information used to assess the person's development against the Development Contributions Policy is incomplete or contains errors and these errors or omissions are attributable to the applicant, a fee of $255+GST will be charged. A request for reconsideration will be considered when any applicable fee has been paid. If the fee is paid and it is later determined that Council has incorrectly applied the Policy or development contributions were incorrectly calculated, the fee will be refunded.

Please provide further information relevant to your request for reconsideration:_____
_____
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_____
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_____
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_____
_____
_____
_____ (use additional paper if necessary)

Relief sought:_____

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

Signature:_____Date:____/____/20_____

Name of Signatory:_____

Status of Signatory:_____