

Office Use:

Plan Attached: Yes No

Application to Register No Spray Zone - Urban

App ID:	

Date Received: __

No fee payable on lodgement of this application

Applicant Detail		Postal Address			
Name		1 03641 7 (441 033			
Phone					
Mobile					
Email			Post Code		5
Property Details					5
Name of Owner					Ш
Physical Address					
,					5
Valuation No.					
L					
Advisory Notes &	Conditions ———				Z
By applying for a No Spray Zo					CNI
Maintain this area in	a tidy state.				
	clear of the road/footpath. Iges in a tidy condition, free of weeds that I	may encroach on foot‡	oaths, drains, roadside sig	ns etc.	•
	use of the 'No Spray' sign attached to eith				
* All documents can be	obtained at the Council Office and	on our website: w	ww.waitaki.govt.nz		
— Applicant Signo	iture —				
	y declare that the information given in this ng so, accept the conditions outlined in this		d correct. I am authorise	d to make this application in the	name
				Please return application Waitaki District Council	n to:
Name				20 Thames Street	
Name Signature				Private Bag 50058 Oamaru 9444	

