

# Application to Register No Spray Zone - Rural

App ID:

**No fee payable on lodgement of this application**

## Applicant Details

Name	<input type="text"/>	Postal Address	<input type="text"/>
Phone	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>	Post Code	<input type="text"/>

## Property Details

Name of Owner	<input type="text"/>
Physical Address	<input type="text"/>
Valuation No.	<input type="text"/>

## Purpose of this Application

New Permit	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Previous Permit Number	<input type="text"/>
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*Please Note: This permit is valid for 12 months ONLY from the date of Permit issued. The Permit Holder is required to re-submit an application annually. Request no spray zone must be adjacent to applicant's property ONLY.*

## Additional Options

Official No Spray Marker Pegs	Install	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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*To help prevent accidental spraying Council encourages the use of official 'No Spray Marker Pegs' to clearly define the extent of the No Spray Zone.*

*There is a charge of \$103.50 incl GST (per pair) to cover the cost of purchasing and installing these pegs. Without these official marker pegs installed you can remain on the Register; however Council can only provide a goodwill agreement with you and will not be prepared to repair any damage caused from accidental spraying.*

*An aerial photograph of the property shall be provided for the Applicant to indicate exact areas of No Spray. Council will then instruct our Contractor to install the official No Spray Boundary Marker Pegs, should these be requested by the Applicant.*

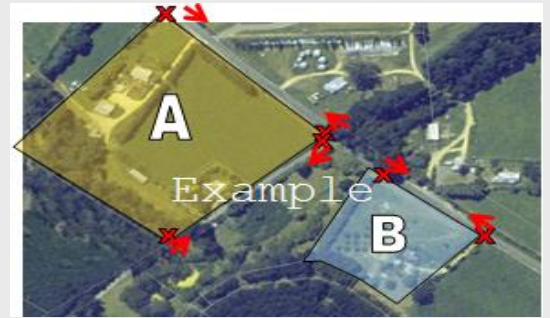
Proposed Methods of Control by the Applicant	Mowing	<input type="checkbox"/>	Alternative Spray	<input type="checkbox"/>
	Other	<input type="text"/>		

*The roadside vegetation shall be maintained by the Applicant in accordance with requirements as per the Notes & Conditions overleaf*

**ASSETS UNIT**

## Aerial Photograph or Map of Proposed Location

Please attach additional details to application if needed. Plan of the area clearly showing the position of the proposed no spray zone location, including road/s name, house/rapid number and adjoining legal descriptions of land serviced. Describe fully, the distances to known points. Please indicate the extent of the area you wish to be spray free on an aerial photo and also mark with X's (see example).



## Advisory Notes & Conditions

All no spray zone shall be managed in accordance with NZTA C/21 Specification for Vegetation Control and the ORC Pest Management Strategy for Otago.

By applying for a No Spray Zone, the Applicant agrees to:

- Maintain this area in a tidy state.
- Keep the property frontage free of all pest plants up to 10m from the road reserve into the property boundary.
- Maintain all hedges at least two meters clear of the road.
- Keep property frontages in a tidy condition free of excess roadside vegetation. This includes a minimum of 500mm around any roadside signs, marker pegs, the road edge and drainage channel inverts. The vegetation height should not exceed 300mm above the berm around these areas.
- Maintain any stormwater drainage ditches and keep clear of pest plants and excess vegetation such that stormwater is not impeded.
- Any instance of a No Spray Zone property failing to comply with this agreement, the applicant shall be notified giving them one month to bring the property frontage up to standard. If this is not completed on time, Council will take action which could involve exclusion from the No Spray Register and spraying the area as part of the spraying programme to control the pest plants and/or excess vegetation.
- The area to be excluded from chemical control is between the roadway centerline to the boundary of the applicant's property, and the full width of the property frontage.
- The Applicant agrees not to vary this Agreement without the prior approval of Council.

\* All documents can be obtained at the Council Office and on our website: [www.waitaki.govt.nz](http://www.waitaki.govt.nz)

## Applicant Signature

I/We, the undersigned, hereby declare that the information given in this application is true and correct. I am authorised to make this application in the name of the legal owner and in doing so, accept the conditions outlined in this application.

Name

Signature

Date

### Please return application to:

Waitaki District Council  
20 Thames Street  
Private Bag 50058  
Oamaru 9444

Phone (03) 433 0300  
Email [service@waitaki.govt.nz](mailto:service@waitaki.govt.nz)

Office Use: Plan Attached: Yes  No  Date Received: \_\_\_ / \_\_\_ / \_\_\_