

## Wellington City District Plan

### Further Submission Form - Proposed District Plan Change 48 - Central Area Review

FORM 6, Clause 8 of First Schedule, Resource Management Act 1991

# DPC48

#### Submissions can be:

**Posted to:** Planning Policy, Planning and Urban Design  
Wellington City Council  
PO Box 2199  
Wellington

**Delivered to:** Ground Floor Reception  
Civic Square/101 Wakefield Street  
Wellington

**Faxed to:** (04) 801-3165  
(if you fax your submission, please post or deliver a copy to one of the above addresses)  
Please use additional sheets if necessary

**Emailed to:** [district.plan@wcc.govt.nz](mailto:district.plan@wcc.govt.nz)

We need to receive your submission by Monday 12 March 2007 at 5.00pm

#### 1. Your name and contact details:

**Full Name:**

**Full Address:**

**Address for service of person making submission:**

**Email:**

**Phone:**

**Fax:**

This is a further submission on Proposed District Plan Change 48

#### 2. I support or oppose the submission of:

*(Please insert the name and address of original submitter, & submission number of original submission if available).*

**3. The particular parts of the submission that I support (or oppose) are:**

*(You should clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the Proposed Plan Change).*

**4. The reasons for my support (or opposition) are: (Please give precise details)**

**5. I/we seek the following decision from the Council: (Please give precise details)**

**6. Please indicate by ticking the relevant box whether you wish to be heard in support of your further submission.**

I wish to speak at the hearing in support of my submission; or

I do not wish to speak at the hearing in support of my submission

**7. Joint Submissions**

If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

**8. If you have used extra sheets for this submission please attach them to this form and indicate this below:**

Yes, I have attached extra sheets       No, I have not attached extra sheets

Signature of person making further submission (or person authorised to sign on behalf of submitter)

\_\_\_\_\_ Date      /      /

**THANK YOU FOR MAKING A SUBMISSION  
PLEASE NOTE ALL SUBMISSIONS ARE MADE AVAILABLE TO THE COUNCILLORS AND PUBLIC.**

*Note: A copy of your further submission must be served on the original submitter within 5 working days of making the further submission to the Council*