**Resource consent number(s):**

**Current** **consent holder** *(name/s on consent)*:

**Names and signatures of all transferring consent holders:**

IMPORTANT (please read):

* *If the consent holder is a company, at least two people authorised to sign on behalf of the company (e.g. Directors) must be named and sign.*
* *If the consent holder is a Trust,* ***ALL*** *trustees must be named and sign.*

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Date:

[ ]  I/we are authorised to sign for all parties.

**Address/location of resource consent** *(address/physical location/plate/lake structure number)*:

I/we, as the holder/s of the resource consent, transfer this consent to the transferee (details on next page).

**Current consent holder contact details** *(address for service)*:

Name:

Postal address:

|  |  |  |
| --- | --- | --- |
| Phone: | [ ]  Residential:  | [ ]  Business:  |
|  | [ ]  Cell:  | Email:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All sections on both pages of this form MUST be completed**

[ ]  **The transfer fee ($200, including GST, per resource consent) has been paid**

*Where an* ***incomplete transfer application*** *results in more than 1.5 hours of staff time to process, the transferee will be charged actual and reasonable costs for the additional time.*

**Transferee name/s** *(name/s to be on the consent* ***including any existing holder/s who are to remain on the consent)***:

By signing this form, I/we **acknowledge that resource consent is to be transferred to us**. I/we have read all **consent conditions** and will comply with all conditions. I/we accept liability for all charges associated with the resource consent from the date of transfer.

**Names and signatures of all transferees:**

IMPORTANT (please read):

* *All names/s that the consent is going to be transferred to* ***(including any existing holder/s who are to remain on the consent)*** *must be named and sign the* ***Transferee*** *section of this form.*
* *If the consent holder is a company, at least two people authorised to sign on behalf of the company (e.g. Directors) must be named and sign.*
* *If the consent holder is a Trust,* ***ALL*** *trustees must be named and sign.*

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Date:

[ ]  I/we are authorised to sign for all parties.

**Transferee primary contact details** *(address for service)***:**

IMPORTANT (please read):

Please provide **primary contact** details below. Note this person is responsible for forwarding any correspondence relating to the consent to all consent holders.

Name:

Postal address:

|  |  |  |
| --- | --- | --- |
| Telephone: | [ ]  Residential:  | [ ]  Business:  |
|  | [ ]  Cell:  | Email:  |

Call the Regulatory Coordinator Team on 0800 884 880 with any questions about this form. **Email the signed form to** **RegulatoryAdmin@boprc.govt.nz**.

**Lake structures:** If an RLC (Rotorua Lakes Council) RTO (Right to Occupy), LINZ (Land Information NZ) Lease, TALT (Te Arawa Lakes Trust) Lease or DOC (Department of Conservation) AFO (Agreement for Occupation) was issued with the resource consent a copy of the transfer form will be forwarded to the relevant agency who will update the landowner documentation and forward a copy to the new owners. An updated copy will also be forwarded to BOPRC (Bay of Plenty Regional Council) for our records.

**Payment:** online to account number 060489-0094734-00. Use the consent number as the reference.