



PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL DISTRICT PLAN: PROPOSED PLAN CHANGE 15 - FLOOD AND EROSION **HAZARD AREAS**

To: Upper Hutt City Council

Submission on Proposed Plan Change No. 15 to the Upper Hutt City Council District Plan

Submissions can be:

File Number: 351/12/015 Submission Number: (for office use only)

Posted to:

Delivered to: Level 2 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt Proposed Plan Change No. 15, Upper Hutt City Council, Private Bag 907, Upper Hutt

Faxed to:

(04) 528 2652

Emailed to:

askus@uhcc.govt.nz

The closing date for submissions is Friday 9th November 2012 at 5pm

DETAILS OF SUBMITTER

Name of submitter	MARE MCCAFFEET				
Postal address of submitter	24 MANGARA VANCO ROAD R.P.I. VOICE HOT				
Agent acting for submitter (if applicable)	, marketine de a commence de la comm				
Address for service (if different from above)					
Contact phone/fax number	Daytime Telephone: 576527			Fax:	
I could gain an advantage in trade competition through this submission (Please tick one)	NO	1	Only answer this question if you ticked YES: I am / am not (select one) directly affected by an effect of the subject matter of the submission that: (a) adversely affects the environment; and (b) does not relate to trade competition or the effects of trade competition.		
	YES				



DETAILS OF SUBMISSION

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The specific provisions of the proposed Plan, Char	Votair, to londowners.
- decrease the value of pro- increase insurance casts - decrease the sake ability - place untain casts on pro- the HAT River has had million (Please state in summary the nature of your submit	of property
I seek the following decision from the local author	15 excludes flood and erosten
(Please give precise details and use additional she	eats if necessary
Please indicate whether you wish to be heard in support of your submission (Tick appropriate	I do wish to be heard in support of my submission
box)	I do not wish to be heard in support of my submission
Please indicate whether you wish to make a joint case at the hearing if others make a similar submission (Tick appropriate box)	I do wish to make a joint case
	I do not wish to make a joint case



SIGNATURE AND DATE

Signature of person making submission or person authorised to sign on behalf of person making submission
10.10-12 Date
(Note: A signature is not required if you are making your submission by electronic means)

PLEASE NOTE THAT THE INFORMATION PROVIDED IN YOUR SUBMISSION, INCLUDING YOUR CONTACT DETAILS, WILL BE AVAILABLE TO THE PUBLIC