

SUBMISSION FORM (FORM 5)

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)

Delivered to: Level 2 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt

Posted to:

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

7九 The closing date for submissions is Friday 2¹²⁸ November 2012 at 5pm

DETAILS OF SUBMITTER

Name of submitter	Jenene Magnitian					
Postal address of submitter	42 Gorre Rd Whitemans Valley, Upper Hutt.					
Agent acting for submitter (if applicable)						
Address for service (if different from above)						
Contact phone/fax number	Dayfir Teleph		04-527-4902	Fax:		
I could gain an advantage in trade	(NO)		Only answer this questi	on if you ticked YES:		
competition through this submission (Please tick one)	YES	YES I am / am not (select one) directly affected by an effect subject matter of the submission that: (a) adversely affects the environment; and (b) does not relate to trade competition or the effects of competition.				

(3)

DETAILS OF SUBMISSION

The specific provisions of the proposed Plan Chair - Validity of 6WRC finallysis on white - Unclear information for people - unclear understanding for people as - This is an unnecessary action (rus) - Effect on property prices. - unclear exact coursel indention - unclear exact coursel indention - unrecessary restriction rights of - implications a regalive effects re	th horael-frolysis is baded. recpicls development their property ned a conflicting by whice	
My submission is that: 1 OPPOSE the Submissions		
	nission. Clearly indicate whether you support or op nts made, giving reasons. Please use additional sh	
The abolishment of the utice propi Flood a Crossion Hazard Areas		
(Please give precise details and use additional sh	eets 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	陕
box)	I do not wish to be heard in support of my submission	1
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

Maril
Signature of person making submission or person authorised to sign on behalf of person making
submission
7.11.2012.
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

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