

**SUBMISSION FORM (FORM 5)**



**PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL  
DISTRICT PLAN:  
PROPOSED PLAN CHANGE 40 – WALLACEVILLE**

To: Upper Hutt City Council

File Number: 351/13/008  
Submission Number:  
(for office use only)

Submission on Proposed Plan Change No.40 to the Upper Hutt City Council District Plan

Submissions can be:

Delivered to: Level 2 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt  
Posted to: Proposed Plan Change No.40, 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 5.00pm on Friday 17 April 2015**

**DETAILS OF SUBMITTER**

Name of submitter	MEARS HOLDINGS LTD		
Postal address of submitter	256 Mangarua Valley Road 5371		
Agent acting for submitter (if applicable)	Michael Joseph Savage MEARS		
Address for service (if different from above)			
Contact phone/fax number	Daytime Telephone: 04/5267786	Fax: 04/5267841	
I could gain an advantage in trade competition through this submission (Please tick one)	NO	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	

**DETAILS OF SUBMISSION**

The specific provisions of the proposed Plan Change that my submission relates to are as follows:

The land on South Side of Alexander Road

My submission is that: This land should not become public land  
it should stay as it is Zoned Rural Residential

(Please state in summary the nature of your submission. Clearly indicate whether you support or oppose the specific provisions or wish to have amendments made, giving reasons. Please use additional sheets if necessary)

I seek the following decision from the local authority:

To not change the zoning of said land

(Please give precise details and use additional sheets if necessary)

Please indicate whether you wish to be heard in support of your submission (Tick appropriate box)	I do wish to be heard in support of my submission	<input checked="" type="checkbox"/>
	I do not wish to be heard in support of my submission	<input type="checkbox"/>
Please indicate whether you wish to make a joint case at the hearing if others make a similar	I do wish to make a joint case	<input type="checkbox"/>
		<input type="checkbox"/>

submission (Tick appropriate box)	<input type="checkbox"/>	I do not wish to make a joint case	<input type="checkbox"/>
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**SIGNATURE AND DATE**

*M J Sheeran*

Signature of person making submission or person authorised to sign on behalf of person making submission

17-04-15

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**