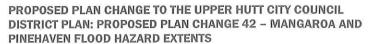
SUBMISSION FORM (FORM 5)





File Number: 351/12/046 Submission Number: (for office use only)

To: Upper Hutt City Council

Submission on Proposed Plan Change 42 to the Upper Hutt City Council District Plan

Submissions can be:

Delivered to:

Level 1 Reception, Civic Administration Building, 838-842 Fergusson Drive, Upper Hutt

Posted to:

Proposed Plan Change 42, Upper Hutt City Council, Private Bag 907, Upper Hutt

Faxed to:

(04) 528 2652

Emailed to:

planning@uhcc.govt.nz

The closing date for submissions is 8 May 2017 at 5pm

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

DETAILS OF SUBMITTER

Name of submitter	Melanie Brown	
Postal address of submitter	POBOX 48010 Silverstream, Upper Hutt 5142	
Agent acting for submitter (if applicable)		
Address for service (if different from above)	Please indicate if you wish email to be the authorised method of service: YES/NO	
Contact phone / email	Telephone: Email: 0310377 055 melybrown @ clear net ne	
I could gain an advantage in trade competition through this submission (Please tick one)	VES 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.	

DETAILS OF SUBMISSION

The specific provisions of the proposed Plan Change that my submission relates to are as follows:			
1-in-100 year flood maps.			
	2		
(Please use additional sheets if necessary)			
My submission is that:	in the to		
I oppose the plan of	horge with regards to od maps, and request and sweet from		
the 1-in-100 year the	xxxx maps, and request		
that council head the	mong nureless of		
community members of	oposing the flood maps over the post 3 years.		
(Please state in summary the nature of your submission. Clear wish to have amendments made, giving reasons. Please use a	ly indicate whether you support or oppose the specific provisions or dditional sheets if necessary)		
I seek the following decision from the local authority:	and a description		
I request the Council t	o withdraw Plan change to		
i's its and by the addition of			
completely adolessed and rectified.			
(Please give precise details and use additional sheets if necessive sheets in the sheet sh	I do wish to be heard in support of my submission		
support of your submission (Tick appropriate 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	I do wish to make a joint case		
(Tick appropriate box)	I do not wish to make a joint case		
SIGNATURE AND DATE			
Colat			
Signature of person making submission or person authorised to	o sign on behalf of person making submission		
Date: 75 D			
(Note: A signature is not required if you are making your submis	ssion by electronic means)		