

**FORM 21**  
**SUBMISSION ON PUBLICLY NOTIFIED**  
**REQUIREMENT FOR DESIGNATION**



**HASTINGS**  
**DISTRICT**  
**COUNCIL**

**RMA20120266 Stormwater Infiltration Areas**

Date Received: \_\_\_\_\_

To: Environmental Planning  
Planning and Regulatory Services  
Hastings District Council  
Private Bag 9002  
Hastings 4156

**Person(s) Making Submission:**

Full Name of Submitter(s): \_\_\_\_\_

**Application**

This is a submission on a notice of requirement from:

(Name of Applicant) Hastings District Council

For a designation to (the notice of requirement) to: **Designate land for Stormwater Infiltration Areas at:**

- **The corner of Omahu Road and Raupare Road, Hastings** legally described as LOT 1 DP11542, BLK XV HERETAUNGA SD CT HBC1/760;
- **1241 Omahu Road, Hastings** legally described as LOT 3 DP27351 SUBJ TI & INT IN EASEMENTS, CT HBW3/1071;
- **1337 Omahu Road, Hastings** legally described as PT LOT 1 DP4953 BLK X1V HERETAUNGA SD, CT HB142/105;
- **55 Twyford Road, Hastings** legally described as LOT 2 DP425145, LOT 1 DP418851, CT 499262.

1. **The specific parts of the notice of requirement that my submission relates to are:**

\_\_\_\_\_

\_\_\_\_\_

2. **My submission is:** (whether you support or oppose the specific parts of the application or wish to have them amended, and reasons for your views)

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**Infocouncil Users**

207 Lyndon Road East, Hastings 4122  
Private Bag 9002, HASTINGS 4156  
DX MA75020  
Phone: 06 871 5000 Fax: 06 8715100  
www.hastingsdc.govt.nz

**3. I / We seek the following recommendation or decision from the Hastings District Council:**

Grant the application as applied for

Decline the application

Don't know

Grant the application subject to the conditions I have described below   
(Attach a further page if necessary)

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**4.** I wish to be heard in support of my submissions

I do not wish to be heard in support of my submissions

**5.** If others make a similar submission I will consider presenting a joint case with them at any hearing

I do not wish to present a joint case

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Postal address for service of submitter: (If an organisation, include contact person)

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Daytime Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-Mail: \_\_\_\_\_