

FOR OFFICE USE ONLY

# CON551: PARTIAL SURRENDER OF RESOURCE CONSENT

SECTION 138 RESOURCE MANAGEMENT ACT 1991

TO: Consents Operations Section  
 Environment Canterbury  
 P O Box 345  
 CHRISTCHURCH 8140

Ph: (03) 353 9007 Fax: (03) 365 3194

**Charges**

Your application for a partial surrender must be accompanied with the deposit charge specified in the "Summary of Resource Consent Charges" or at [www.ecan.govt.nz](http://www.ecan.govt.nz). When your application has been processed, if the actual and reasonable costs incurred by Environment Canterbury exceed the deposit charge, you will be invoiced for the balance. If the cost of processing an application for a partial surrender is less than the deposit charge paid, the balance will be refunded. You can require the provision of an estimate of the charge for processing your application. If an application is declined all charges must still be paid.

All accounts are payable by the 20th day of the month following the date of invoice. If the account is not paid within 30 days after the due date, our debt collection agent may charge you a fee equal to 25% of the unpaid portion of the account, but no less than \$25.00. Where the total debt collection costs, legal and other costs arising from the collection of any amount owing exceeds the debt collection fee charged, our debt collection agent is also entitled to recover such additional costs. All Environment Canterbury charges must be met by the applicant. This may include time spent discussing issues with the applicant and any other parties involved in the process.

**I/We**, Consent holder

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Current postal address: \_\_\_\_\_

Email: \_\_\_\_\_

**OR**

Company name: \_\_\_\_\_

Current postal address: \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

**Wish to surrender part of resource consent number** CRC \_\_\_\_\_

authorising the following activity \_\_\_\_\_

*Please clearly describe which part of the consent you wish to surrender:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**because** (state why you wish to surrender this consent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that the Council accept surrender of the Resource Consent under Section 138(4) of the Resource Management Act 1991. **I understand that the authorized activity must cease with immediate effect; if I wish to restart this activity I will need to submit a new application. I confirm there are no reasons known to me why I am in no lawful position to surrender this consent. i.e.**

**Liquidation**

**Receivership**

**Property sale**

If you have sold your property, you may wish to apply for a transfer of consent. CON 540 forms are available from Customer Services or on our website – [www.ecan.govt.nz](http://www.ecan.govt.nz).

Date:     /     /

\_\_\_\_\_  
Signature/s of **all** consent holders or duly authorised agent on behalf of consent holder/s

\_\_\_\_\_  
Print Name/s

**Checklist**

- I have included the specified deposit of \$172.50 as set out in the resource consent charges fact sheet
- All** consent holders have signed the Partial Surrender form