

Charge No. \_\_\_\_\_

Debtor No. \_\_\_\_\_

AUTH No. \_\_\_\_\_

Resource Consent- Transfer of Ownership  
Resource Consent- Change of Company/Trust/Partnership Name  
Resource Consent- Update of Trustee/Partners Names

<b>Transfer/Change/Update - One Consent</b> Fee of \$230.00	<input type="checkbox"/>
<b>Transfer/Change/Update - Two or more Consents on one property</b> Fee of \$ 287.50	<input type="checkbox"/>
<b>Transfer/Change/Update - Consents on different properties</b> Deposit of \$287.50 + any additional staff time	<input type="checkbox"/>

*Please Note: Either party may pay this fee. All fixed deposits are Inclusive of GST  
(GST # 051 227 875) Council does not invoice for this fee*

**IMPORTANT: PLEASE READ**

- If you have any questions, please contact Council’s Consents Advisor, on 06 835 9200, or email: consentadvisor@hbrc.govt.nz.
- This form and fees are for permanent transfers of whole interests only. For partial or temporary transfers please contact the Consent Advisor.
- The fee/deposit must accompany your application. Please note either party may pay the fee. This is an agreement between each party. These fees are valid for the financial year 1 July 2023 to 30 June 2024. If using this form after June 2024, please check for current fees with the Consent Advisor.
- Fees can be paid via online banking, to the following account number:

**Account BNZ - 02 0700 030 2819 00**

Please use the following references when making payment:

- **Transfer**
- **Name of the new consent holder**
- Ensure both boxes in Section 16 are signed. The form will not be accepted with only one signature.
- Fill in all fields. Questions may be answered in attached documentation if necessary.
- Submitting Applications: The application form, along with any other supporting information and the required deposit, can be either posted to: Consent Advisor, Hawke’s Bay Regional Council, Private Bag 6006, NAPIER 4142, delivered to our main office at 159 Dalton Street, Napier or emailed to consentadvisor@hbrc.govt.nz.
- Once the signed document and the required fee have been received, Council will reissue the legal consent documents in the new name, and confirmation of the transfer/change/update will be sent to both parties.

1 **Consent/AUTH number(s) to be transferred / amended** or App number for in progress applications  
\_\_\_\_\_

- Please also change “the applicant” for any related applications (replacements or changes in progress)
- Advise me if there are any other consents under this **client name or on this property** that I have not listed above.

2 **Full name of the current consent holder(s)** \_\_\_\_\_  
\_\_\_\_\_

3 **Full forwarding address of current consent holder:**  
Address \_\_\_\_\_ Bus/Home \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
Post code \_\_\_\_\_ Contact person. \_\_\_\_\_

4 **Who will consent be transferred / amended to (The New Consent Holder/s)?**  
 Private Person(s) **Go to Q 5**  
 Company. **Company Name** \_\_\_\_\_ **Go to Q 6**  
T Trust  Partnership. **Name** \_\_\_\_\_ **Go to Q 5**  
 Other. **Name** \_\_\_\_\_ **Go to Q 5**

5 Full names and contact details for all of the Private Person(s)/Trustees/Partners/Others are required  
**FIRST, MIDDLE and LAST names must be provided (If no middle name, please put NMN)**

**Applicant 1** \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant 2** (if applicable) \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant 3** (if applicable) \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant 4** (if applicable) \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant 5** (if applicable) \_\_\_\_\_

Postal Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*NB\* If more than five persons (applicants) please attach their details separately.*

6 **Main Contact Person** \_\_\_\_\_

7 **Applicant's Postal Address**

\_\_\_\_\_ Bus/Home: \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

8 **Agent.** This is a consultant or other person handling the application on your behalf - *leave blank if not applicable.*

Company/Name: \_\_\_\_\_ Main Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Bus/Home: \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

9 **Does the new consent holder intend to carry out the same activity for which the consent was originally issued?** Yes 'no changes'  No 'different activity'

*(If 'No' a change of conditions application is also required. Please note no changes to the consent document can be made, other than by the consent holder during a transfer process)*

10 **Street address of property** \_\_\_\_\_

11 **Legal description of property** (as per your land title or rates notice)

\_\_\_\_\_  
\_\_\_\_\_

12 It is understood by the current consent holder that all costs incurred by the Hawke's Bay Regional Council for, and incidental to, the collection of any debt relating to consent processing costs, water information services charges, s36 scientific investigation and compliance monitoring charges of this resource consent prior to the date that the Transfer is issued, may be borne by you as the new consent holder as a debt due to the Council, and for that purpose the Council reserves the right to produce this document in support of any claim for recovery.

13 Please note that all information collected and held by the Hawke's Bay Regional Council is public information under section 2 of the Local Government Official Information and Meetings Act 1987 (LGOIMA), as such any and all information may be requested by a third party. Access to information held by Council is administered in accordance with LOGIMA and the Privacy Act 1993. If you have any concerns over the disclosure of any aspect of your consent or personal/property details, either in person or electronically, you must raise your concern in writing to the Council and detail what "good reason" you believe there is for withholding information pursuant to section 7 of LGOIMA. Council will assess your request and advise you of any decision made. Please note that no person has the right of veto over any information held by Council. Council intends for all information it holds, submitted without a request for non disclosure (as above), to be public, and accessible to any persons who requests it pursuant to LGOIMA. If you require more information on the situations that information may be provided please contact the Councils Consents Advisor

- 14 Where a change of applicant has also been requested, final costs or refunds will fall with the new applicant.
- 15 It is understood by the new consent holder(s) that the full responsibility of maintaining the conditions of the original consent are passed to them at this time. The new consent holder takes responsibility for all costs incurred by Hawke's Bay Regional Council in relation to this consent which may include, but is not limited to: The replacement consenting process, water information services charges, full annual scientific investigation and compliance monitoring charges, some annual charges will lie as they fall.
- 16 **For a change of company name or estate settlements** the signatories to both sections below may be completed by the same person (however signing in their differing capacities).

To be completed by the **Current Consent Holder:**

I approve of the transfer/change/update to the consent/s requested, and agree to all details on this form.

Signature of current consent holder: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full name of person who signed above.

*Should you have any questions with regards to the giving of approval for this transfer, please contact the Council's Consents Advisor on 06 835 9200.*

To be completed by the **New / Updated Consent Holder:**

I approve of the transfer/change/update to the consent/s requested, and agree to all details on this form.

Signature of new consent holder: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full name of person who signed above.

- 17 The fee must accompany the transfer/change/update application form. Fee and payment details can be found on the front cover of this form. Note the application will not be processed until the fee/deposit has been received.