

# District Plan Further Submission Form

in support of or in opposition to a submission  
Proposed Hauraki Gulf Islands Section 2006

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Please print clearly  |  | CITY DEVELOPMENT<br>MAY 2007<br>AUCKLAND CITY |  | For office use only                     |  |
| Full name: Patricia Margaret Sanderson  |  |   |  | Submission No.                          |  |
| Organisation: (if the submission is on behalf of an organisation)   |  |   |  | 125                                     |  |
| Agent: (if applicable)  |  |   |  |   |  |
| Address for correspondence: Box 44, Claris Postal Centre, Gt. Barrier Island  |  |   |  |   |  |
| Phone: (business) (home) 09/4290323 (fax)   |  |   |  |   |  |
| e-mail address: patsanderson@slingshot.co.nz  |  |   |  | RECEIVED<br>21 MAY 2007<br>CS           |  |
| Please use a separate form for each separate matter for submission  |  |   |  |   |  |
| I / We support <input checked="" type="checkbox"/> / oppose <input type="checkbox"/> the submission of:                                       |  |   |  |   |  |
| <i>(name and address of original submitter and submission number of original submission if available)</i>                                     |  |   |  |   |  |
| Michael O'Shea  |  |   |  |   |  |
| Aurana Valley   |  |   |  |   |  |
| PO Box 9 Claris GPO at Barrier Island   |  |   |  |   |  |
| Submission number 2512  |  |   |  |   |  |
| The particular parts of the above submission which I / we support <input checked="" type="checkbox"/> / oppose <input type="checkbox"/> are:  |  |   |  |   |  |
| <i>(clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposal)</i> |  |   |  |   |  |
| This submission in its entirety   |  |   |  |   |  |
| The reasons for my / our support or opposition to the above submission are:   |  |   |  |   |  |
| That Mr O'Shea has farmed this land successfully for the last 47 years.   |  |   |  |   |  |
| I / We seek <input checked="" type="checkbox"/> the whole submission be allowed   |  |   |  |   |  |
| <input type="checkbox"/> the whole submission be disallowed   |  |   |  |   |  |
| <input type="checkbox"/> part of the submission be allowed  |  |   |  |   |  |
| <input type="checkbox"/> part of the submission be disallowed   |  |   |  |   |  |
| I / We wish to be heard at the council planning hearing   |  |   |  | Yes                                     | No <input checked="" type="checkbox"/> |
| I / We would be prepared to present a joint case at the hearing with any others making a similar submission                                   |  |   |  | Yes <input checked="" type="checkbox"/> | No                                     |
| Signed P.M. Sanderson   |  | Date 16-5-07                                  |  |   |  |