

# District Plan Further Submission Form

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

Please print clearly		For office use only	
Full name: <i>MICHAEL O'SHEA</i>		Submission No.	
Organisation: (if the submission is on behalf of an organisation)		<i>999</i>	
Agent: (if applicable)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                  28 MAY 2007  <i>RS</i> </div>	
Address for correspondence: <i>Box 9, CLAVIS, GREAT BARRIER</i>			
Phone: (business) <i>094290140</i> (home) <i>094290140</i> (fax) <i>—</i>			
e-mail address:			
Please use a separate form for each separate matter for submission			
I / We support <input type="checkbox"/> / oppose <input checked="" type="checkbox"/> the submission of:			
<small>(name and address of original submitter and submission number of original submission if available)</small>			
<i>KEVIN AND SUSAN SMITH</i>			
<i>PO BOX 9627 PARNELL</i>			
<i>AUCKLAND.</i>		Submission number <i>315/1</i>	
The particular parts of the above submission which I / we support <input type="checkbox"/> / oppose <input checked="" type="checkbox"/> are:			
<small>(clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposal)</small>			
<i>The Submission in its entirety</i>			
The reasons for my / our support or opposition to the above submission are: <i>Horticulture should be a permitted use, if it is a persons choice. Homestays for 10 people in landform 6 should be a permitted activity</i>			
I / We seek		<input type="checkbox"/> the whole submission be allowed <input checked="" 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 <input checked="" type="checkbox"/>	No
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 <i>Michael O'Shea</i>		Date <i>28/5/07</i>	