

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>Chris Orange and Josephine Orange</i>		Submission No.	
Organisation: (if the submission is on behalf of an organisation)		1160	
Agent: (if applicable)			
Address for correspondence: <i>14 Putiki Rd, Ostend, Waiheke Is.</i>			
Phone: (business) (home) <i>372-4431</i> (fax)			
e-mail address: <i>oranges@xtra.co.nz</i>			
Please use a separate form for each separate matter for submission		NON TRANSFERABLE CREDIT AUCKLAND CITY COUNCIL ONLY	
I / We support <input checked="" type="checkbox"/> / oppose <input type="checkbox"/> the submission of:		28 MAY 2007	
<i>(name and address of original submitter and submission number of original submission if available)</i>			
<i>Carla Jehle</i>			
<i>27 Whakarite Rd</i>			
<i>Ostend Waiheke Island</i>		Submission number <i>903</i>	
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>			
<i>The entire submission</i>			
The reasons for my / our support or opposition to the above submission are:			
<i>Support the focus on sustainability and what the submissions offers as controls and means of ensuring sustainable design, low impact. We need to think to the future.</i>			
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 <input checked="" type="checkbox"/>	No <input 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 <input type="checkbox"/>
Signed <i>C M Orange</i>		Date <i>26/05/07</i>	

