

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>1984</i>	
Agent: (if applicable)		RECEIVED 28 MAY 2007 <i>KMD</i>	
Address for correspondence: <i>Box 9 CLARIS GREAT BARRIER</i>			
Phone: (business) <i>094290140</i> (home) <i>094290140</i> (fax)			
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>John Ogden and Jenni Ogden</i>			
<i>123 AOTEA ROAD</i>			
<i>GREAT BARRIER ISLAND</i>			
Submission number <i>3051/2</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>that O'Shea Road</i>			
<i>is a public road it is a route from Puhana Beach</i>			
<i>to Omata road which links up to Harataonga Road</i>			
<i>there are 8 property owners Relying on it for access</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>	