WELLINGTON CITY DISTRICT PLAN – DPC77



Submission form on publicly notified Proposed District Plan Change 77 Curtis Street Business Area

FORM 5 Clause 6 of First Schedule, Resource Management Act 1991

SUBMISSIONS CAN BE

Posted to	District Plan Team Wellington City Council PO Box 2199 Wellington 6011	WELLINGTON CITY COUNCIL URBAN STRATEGY 1 1 MAR 2013
Delivered to	Ground floor reception Civic Square/101 Wakefield Street Wellington	RECEIVED
Faxed to	801 3165 (if you fax your submission, please post or deliver a copy to one of the above addresses) Please use additional sheets if necessary.	
Emailed to	district.plan@wcc.govt.nz	
	We need to receive your submission by 5pm, Monda	ay 11 March 2013.
YOUR NAME A	AND CONTACT DETAILS	
Full name	HARY EDGDA PATTONI	
Full address	+ SAMUEL PARNELL ROAD K	ARURI WELLINGTON 6012
	vice of person making submission AA	7.02 3(1) 02 3 22(1) 03 10 10 10 10 10 10 10 10 10 10 10 10 10
Email hfha	uper a paradise. Phone 4767353	Fax
TRADE COMP	ETITION AND ADVERSE EFFECTS (select appropriate)	
a) lam/ a(a) adversely (b) does not re	could not gain an advantage in trade competition through this submer not directly affected by an effect of the subject matter of the submerfects the environment, and elate to the trade competition or the effects of trade competitions. Aragraph if you could not gain an advantage in trade competition through	ission that:
ARE AS FOLL	PROVISIONS OF PROPOSED DISTRICT PLAN CHANGE 77 THE OWS (Please continue on separate sheet(s) if necessary.) Scal assess was to the owner of the own	AT MY SUBMISSION RELATES TO

MY SUBMISSION IS THAT (You should include whether you support or oppose the specific provision your views. Please continue on separate sheet(s) if necessary.)	s or wish to have them amended. You should also state the reasons for
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to CWIS St business	are a.
market to retain	2 current status of
(cod -	
PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETH YOUR SUBMISSION	ER YOU WISH TO BE HEARD IN SUPPORT OF
☐ I wish to speak at the hearing in support of my submissions.	
do not wish to speak at the hearing in support of my submiss	ions.
JOINT SUBMISSIONS	
☐ If others make a similar submission, please tick this box if you	will consider presenting a joint case with them at the hearing.
☐ If others make a similar submission, please tick this box if you	
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☐ If others make a similar submission, please tick this box if you IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION	
☐ If others make a similar submission, please tick this box if you IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION INDICATE BELOW	PLEASE ATTACH THEM TO THIS FORM AND No, I have not attached extra sheets.
☐ If others make a similar submission, please tick this box if you IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION INDICATE BELOW ☐ Yes, I have attached extra sheets. SIGNATURE OF SUBMITTER (or person authorised to sign on behalf of submitter)	PLEASE ATTACH THEM TO THIS FORM AND No, I have not attached extra sheets.