



Application for Road Naming

To: Resource Consent Manager
 Kaipara District Council
 Unit 6
 6 Molesworth Drive
Mangawhai 0505

Office use only
 Application number:
 Date received:

<mailto:rmaconsents@kaipara.govt.nz>

Applicant details

Name/s *(please write all names in full)* **Note:** Applicant must be a person or legal entity. Full name of Individual, Limited Liability Company or Trust is required.

Or company/trust/organisation

Postal address	Postcode
Telephone - Mobile	Home
Email	

Road Details

Is this road to be vested to Council?		Yes			No
Has the road been vested to Council?		Yes			No
Are you the subdivider that created the road/private accessway?		Yes			No
If you are not the subdivider, please provide letters of support from all owners who have a legal right to access the private accessway.		Yes			No
Is this a private accessway (right of way or jointly owned access lot)		Yes			No
What is the resource consent number that created this road?	RM				

Road's legal description

Location of road – please provide a map

Proposed Road Names	
Explanation and/or evidence to be provided demonstrating how proposed names meet KDC's Road Naming Policy	
Name One	
Reason	
Name Two	
Reason	
Name Three	
Reason	

Note: Application Fees
Please refer to Council's current Fees and Charges Schedule for the relevant fee on our website http://www.kaipara.govt.nz/services/fees-charges .
Fees
I have paid the fee of \$ _____ for the processing of this application.

Declaration	
The information I have supplied with this application is true and complete to the best of my knowledge.	
Name:	
Signature:	Date: