

NOTICE OF TRANSFER OF HOLDER OF PERMIT

Pursuant to Sections 134, 135, 136 and 137 of the Resource Management Act 1991.

Transferor – person/s who currently holds and uses the consent or permit

Transferee – person/s who wish to hold and use the consent or permit in the future

1. **Permit/Consent Number:** _____

or Mining Privilege Number: _____

a) Is the current permit for a	Yes	No
Land Use Consent	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Permit	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Permit	<input type="checkbox"/>	<input type="checkbox"/>
Deemed Permit	<input type="checkbox"/>	<input type="checkbox"/>
Water Permit to dam	<input type="checkbox"/>	<input type="checkbox"/>
Water Permit to divert	<input type="checkbox"/>	<input type="checkbox"/>
Water Permit to take water	<input type="checkbox"/>	<input type="checkbox"/>

b) **Does the transferee own the site for which the permit is granted?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) **Does the transferee occupy the site for which the permit is granted?**
**If no, proof of the right to occupy the site will be required*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

d) **What is the current purpose of the consent or permit?**

e) **Will the Transferee continue to use the consent or permit for its current purpose?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

f) **Are you seeking to transfer the ownership of a resource consent that already has a replacement application lodged with Council?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what is the consent number of the replacement application?

g) **Do you seek to become an applicant to the replacement application?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If yes, please complete Form 23 Change of Applicant available on our website and lodge along with this Transfer Form.*

2. **For Water Permits to take water only:** * If not a water permit, continue to No.3

a) Does the Transferor intend to transfer the permit for a limited period only?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please state date period ____/____/____ to ____/____/____

b) Please provide the legal description/s of the land/s where the water is being used.

c) (i) Has the water permit been exercised within the past 5 years?

Yes / No

(ii) Have you provided evidence of this use in the past to Council?

Yes / No

Note: if you answered No to d(ii), please attach evidence of the dates and amounts of water taken for this period, as per conditions of the consent to be transferred. There will be delays and costs in processing the transfer if no evidence has been provided either in the past or with this application.

3. **I/we wish to transfer:**

Full interest.

Share. Please define share/s: _____

** If shares are not already defined on the permit/consent/mining privilege then the signatures of ALL holders are required.*

4. **Transferor Details:** (transferred from)

Full Name/s *If transfer involves a Trust or Partnership, please print all names in full

Postal Address

Post Code: _____

Address for Service (not a PO Box)

Post Code: _____

Daytime Phone No: _____

Email: _____

Otago Regional Council is moving to a paperless consenting process – therefore any correspondence including consents will be sent via email, unless you request a paper copy. If you do not prefer contact by electronic means, please tick

Signature/s of all **Transferor/s** *or person authorised to sign on behalf of current permit holder/s

Name *please print*

Signature

_____/_____/_____
Date

Name *please print*

Signature

_____/_____/_____
Date

Name *please print*

Signature

_____/_____/_____
Date

5. Transferee Details: (transferred to)

Full Name/s *If transfer involves a Trust or Partnership, please print all names in full

Postal Address

_____ **Post Code:** _____

Address for Service (not a PO Box)

_____ **Post Code:** _____

Daytime Phone No: _____

Email: _____

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Signatures of all **Transferee/s** (or person authorised to sign on behalf of transferee/s):

Name *please print*

Signature

_____/_____/_____
Date

Name *please print*

Signature

_____/_____/_____
Date

Name *please print*

Signature

_____/_____/_____
Date

Please send this transfer to Compliance@orc.govt.nz and include **transfer** in the subject line.

Otherwise, return this form to: Compliance Support Officer
Transfer
Otago Regional Council
Private Bag 1954
Dunedin 9054

A \$200 fee **must** accompany your Notice of Transfer.

Payments can be made via direct credit, please use the **Transferee name** and **transfer** as a reference when paying the deposit: **BNZ George Street, Dunedin - 02 0900 0532547 00**. Or for alternatives ways to pay go to www.orc.govt.nz Do it Online, Pay it.

APPLICATION CHARGES

\$200.00 fee for **each** transfer (including a mining privilege).