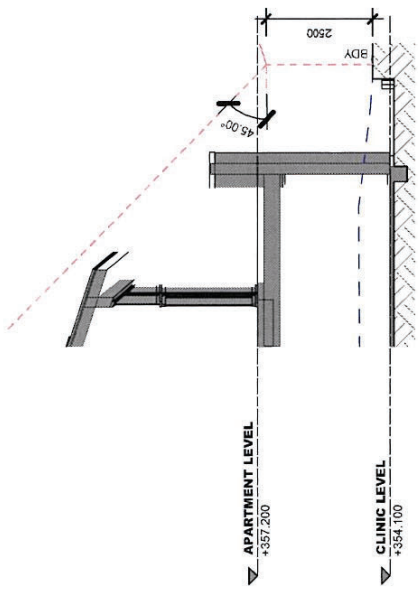
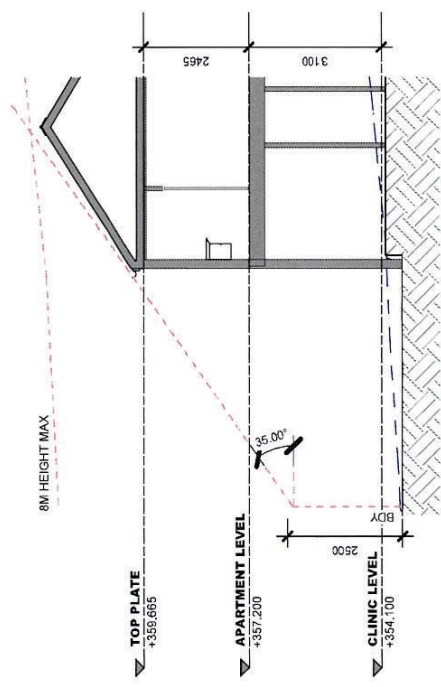


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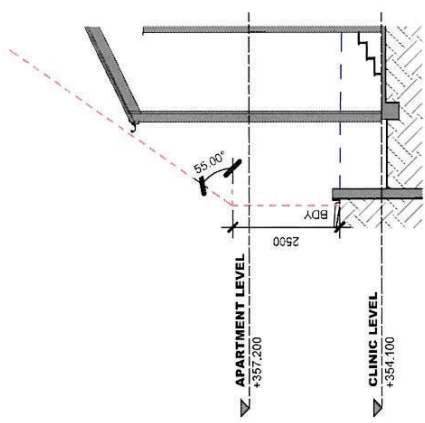
ms.



2 SOUTH EAST RECESSION PLANE
A1.11 1:100



1 SOUTH WEST RECESSION PLANE
A1.11 1:100



3 NORTH EAST RECESSION PLANE
A1.11 1:100

Del, us

Dear Neighbour,

My name is Joe O'Brien and I am looking to build my new house at 24 Towne Place, Queenstown.

I am also a qualified Physiotherapist and I would like to operate a small clinic from the Ground Floor of my new House.

Please see **attached** the architectural plans of my new Dwelling. You will see my plan to include a few treatment rooms on the ground floor, and my small apartment of the first floor.

Initially it would just be myself & 1 other staff member operating out of the clinic. In the long term, I see my clinic providing for up to a maximum of 6 staff (one receptionist, and 5 physiotherapists) they would be split across the week and never all at once, We are proposing for our clinic to operate as follows:

- Monday to Friday: 7.30am to 7.00pm;
- Saturday: 8.00am to 2.00pm; and
- Sunday and Public Holidays: Closed

I will live here with my partner in the small apartment on the first floor and we aim to run a high end, and highly regarded practice for the Queenstown Community. Our practice will not be noisy as we provide a professional and intimate service to our customers and will fully respect the amenity and peace of our neighbours. We think our practice will make a good neighbour to you.

We are looking to obtain resource consent and we would like to reach out to you and see if you would be comfortable with providing us with your written approval. If so, please may we ask that you sign the following documents:

- This letter (your initials at the bottom will be fine);
- The APA form attached; and
- Initial each page of our plans.

We appreciate this may be a big ask, and so we fully invite you to have a coffee or cup of tea with us if you have any questions. My contact details are:

- 021 280 3338
- Joe932@gmail.com

If possible, I would be keen to get my build underway and so I would like to ask if you could let me know by no later than **20 June 2023** if you are happy to provide approval.

I thank you for your time in reading my letter and if you would like to discuss my plans further, please call me or send me an email.

Yours sincerely,

Joe O'Brien

24 Towne Place, Queenstown

MB TP



AFFECTED PERSON'S APPROVAL

FORM 8A



Resource Management Act 1991 Section 95



RESOURCE CONSENT APPLICANT'S NAME AND/OR RM

Joe O'Brien - 24 Towne Place, Queenstown



AFFECTED PERSON'S DETAILS

I/We Mike Barnard - Kellie Barnard
Are the owners/occupiers of 21A Towne Place



DETAILS OF PROPOSAL

I/We hereby give written approval for the proposal to:

Resource consent to build a dwelling as per the Plans prepared by Peak Architecture Ltd and to utilise the dwelling as a Physio for up to 6 staff, from 7.30am to 7pm Mon-Fri and 8am to 2pm Saturday. Closed on Sunday.

at the following subject site(s):

24 Towne Place (Lot 1 DP568184)



I/We understand that by signing this form Council, when considering this application, will not consider any effects of the proposal upon me/us.



I/We understand that if the consent authority determines the activity is a deemed permitted boundary activity under section 87BA of the Act, written approval cannot be withdrawn if this process is followed instead.



WHAT INFORMATION/PLANS HAVE YOU SIGHTED



I/We have sighted and initialled ALL plans dated and approve them.


19/6/23



APPROVAL OF AFFECTED PERSON(S)

The written consent of all owners / occupiers who are affected. If the site that is affected is jointly owned, the written consent of all co-owners (names detailed on the title for the site) are required.

A	Name (PRINT)	MIKE BARNARD	
	Contact Phone / Email address	027 2820133	
	Signature		Date 19/6/23

B	Name (PRINT)	Kellie Barnard	
	Contact Phone / Email address	021 2244 200	
	Signature		Date 20/06/23

C	Name (PRINT)		
	Contact Phone / Email address		
	Signature		Date

D	Name (PRINT)		
	Contact Phone / Email address		
	Signature		Date

Note to person signing written approval

Conditional written approvals cannot be accepted.

There is no obligation to sign this form, and no reasons need to be given.

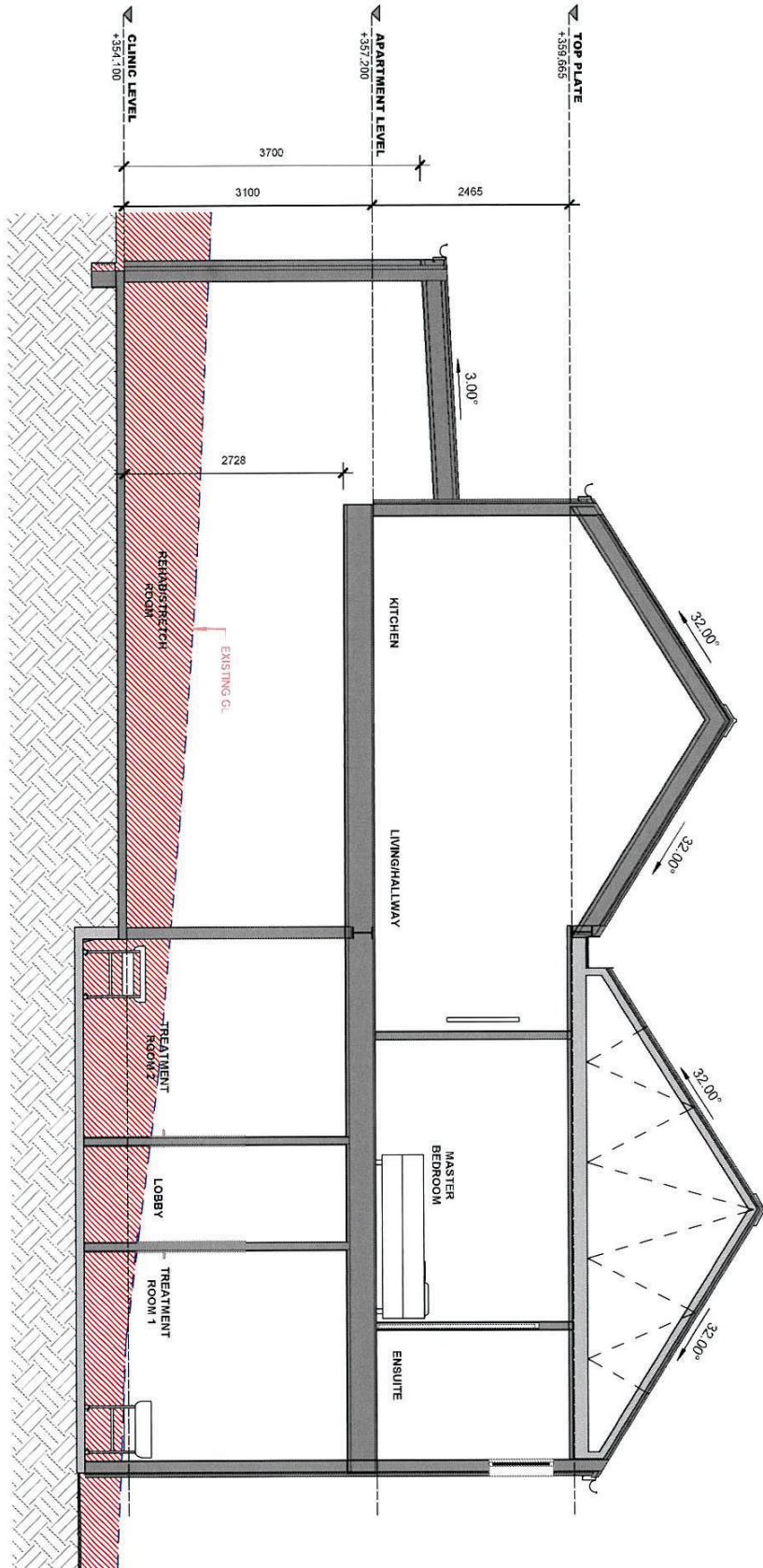
If this form is not signed, the application may be notified with an opportunity for submissions.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.



Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348
Gorge Road, Queenstown 9300

P: 03 441 0499
E: resourceconsent@qldc.govt.nz
www.qldc.govt.nz

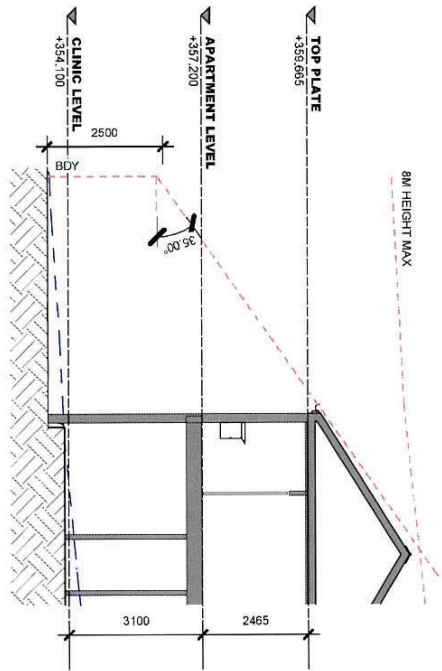


SECTION A
1:50

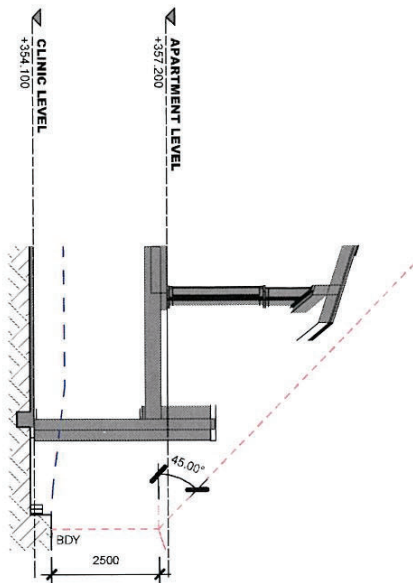
PEAK
ARCHITECTURE
P. 02108872480

TOWNE PLACE CLINIC
SECTION
SP-ECT NO. AC-001
SCALE 1:50

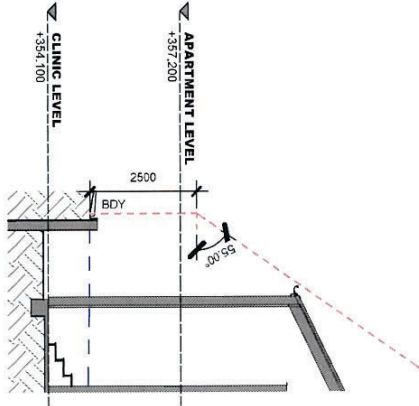
MB
KB



1 SOUTH WEST RECESSON PLANE
A1.11 1:100



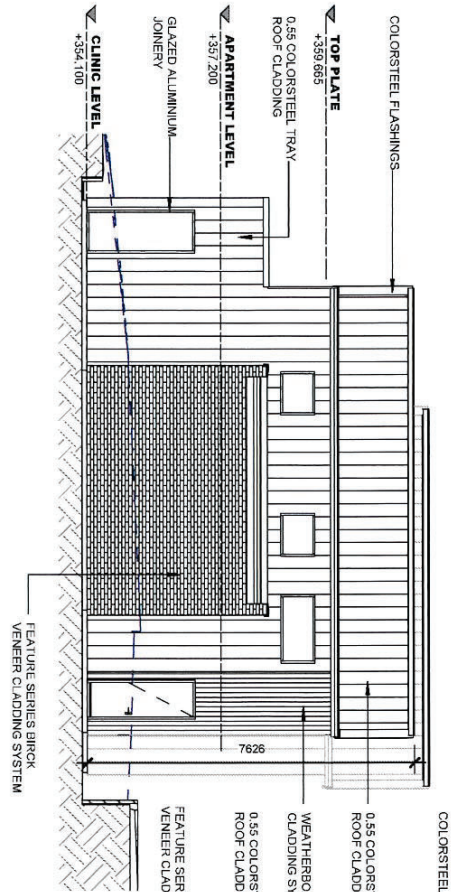
2 SOUTH EAST RECESSON PLANE
A1.11 1:100



3 NORTH EAST RECESSON PLANE
A1.11 1:100

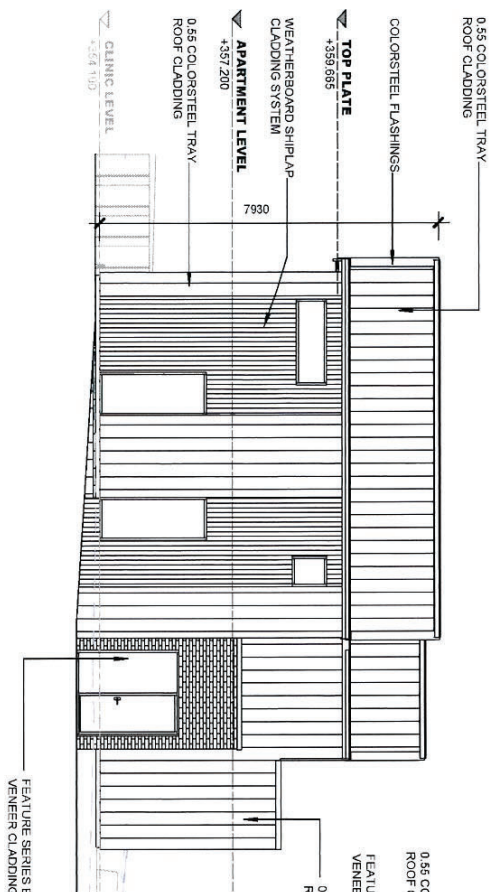
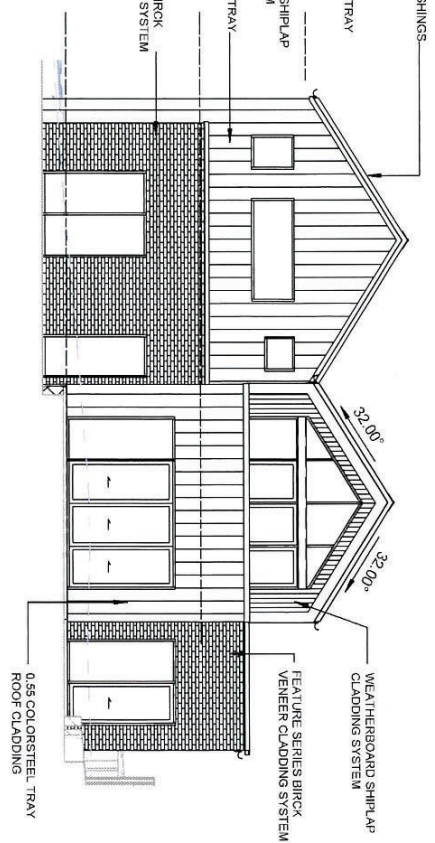


TOWNE PLACE CLINIC
SECTIONS
SHEET NO. AC.21 SCALE 1:100

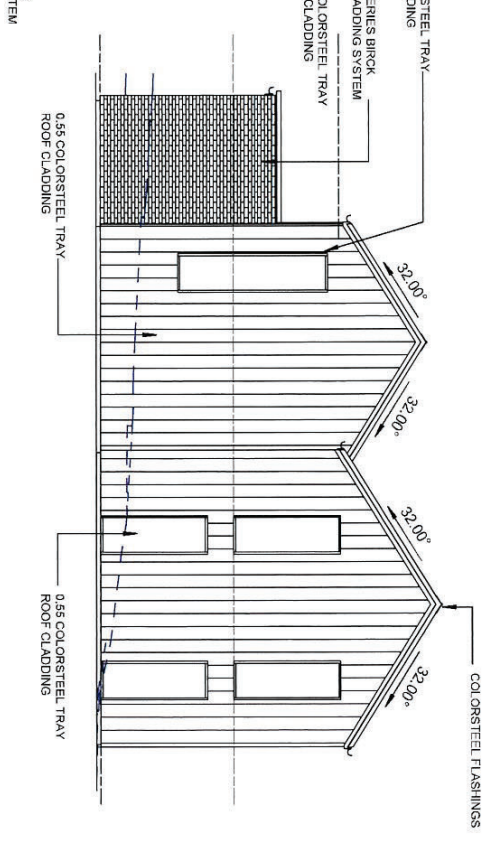


1 NORTH EAST ELEVATION
A1.11 1:100

2 SOUTH EAST ELEVATION
A1.11 1:100



3 SOUTH WEST ELEVATION
A1.11 1:100



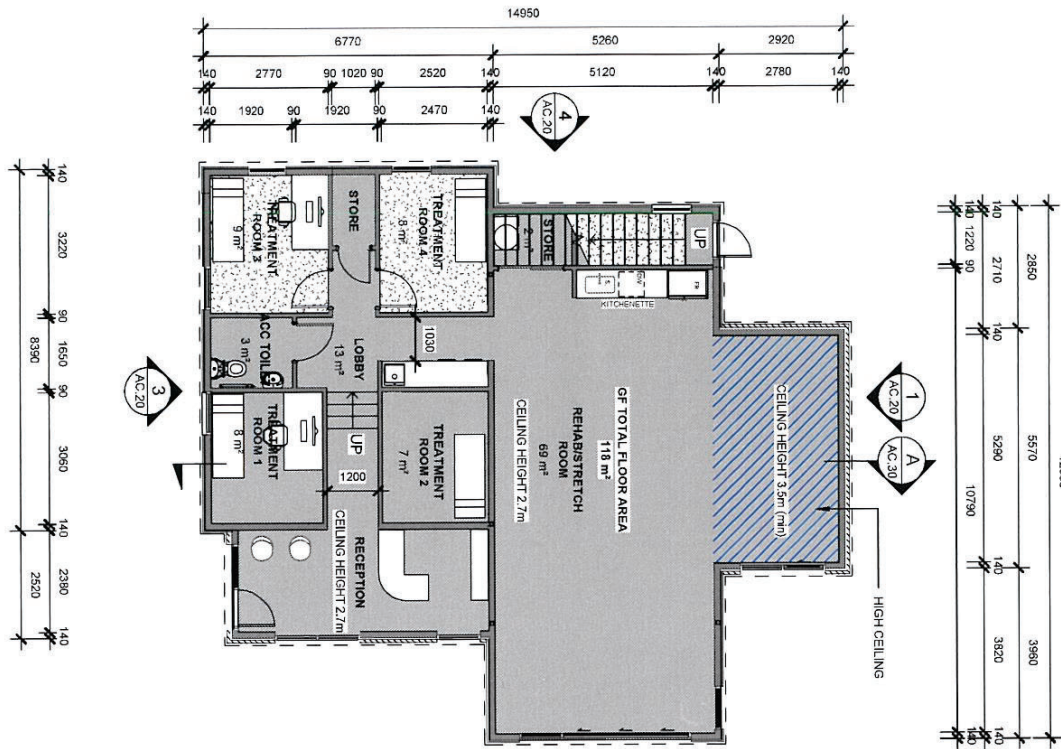
4 NORTH WEST ELEVATION
A1.11 1:100



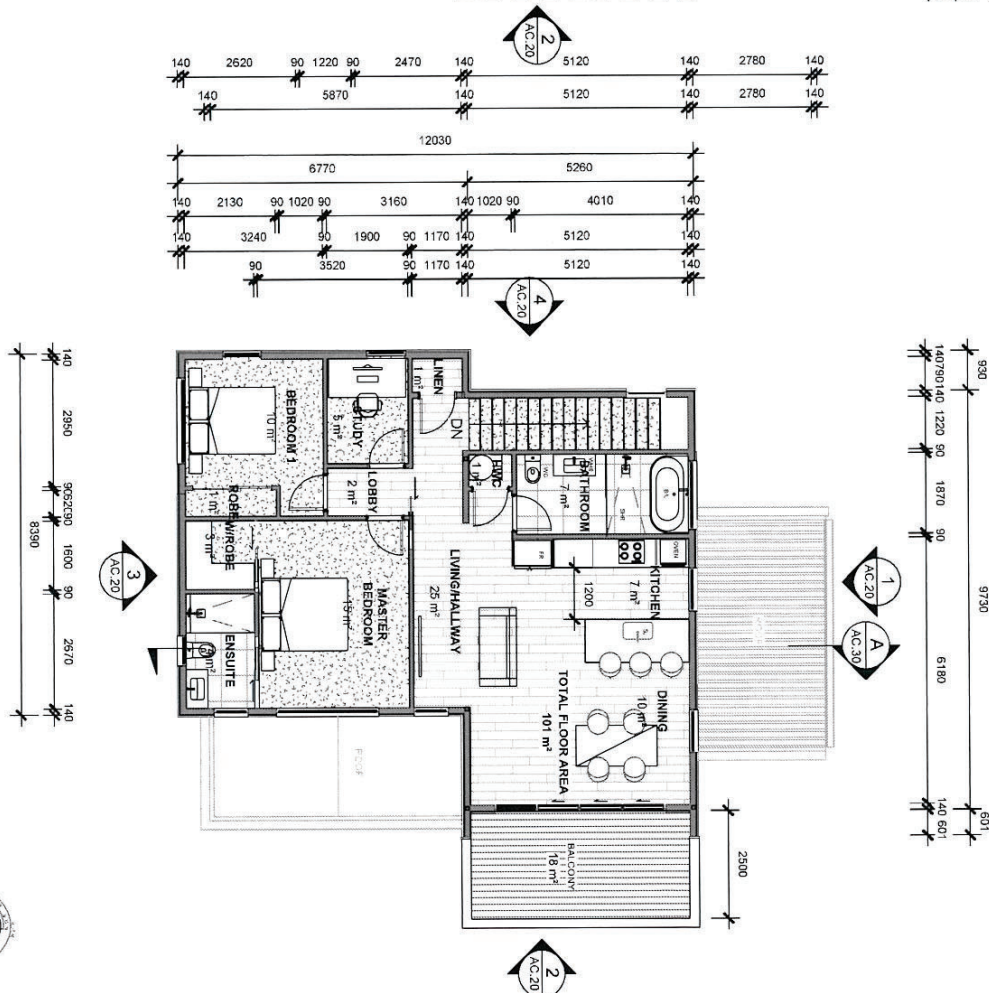
TOWNE PLACE CLINIC
ELEVATIONS
BY: EET NG A.C.20 SCALE 1:100
P. 021088/2450

MS
KB

1 CLINIC LEVEL
1:100



2 APARTMENT LEVEL
1:100



PEAK
ARCHITECTURE

TOWNE PLACE CLINIC
FLOOR PLANS
SHEET NO. AC/11
SCALE 1:100





MB
KB



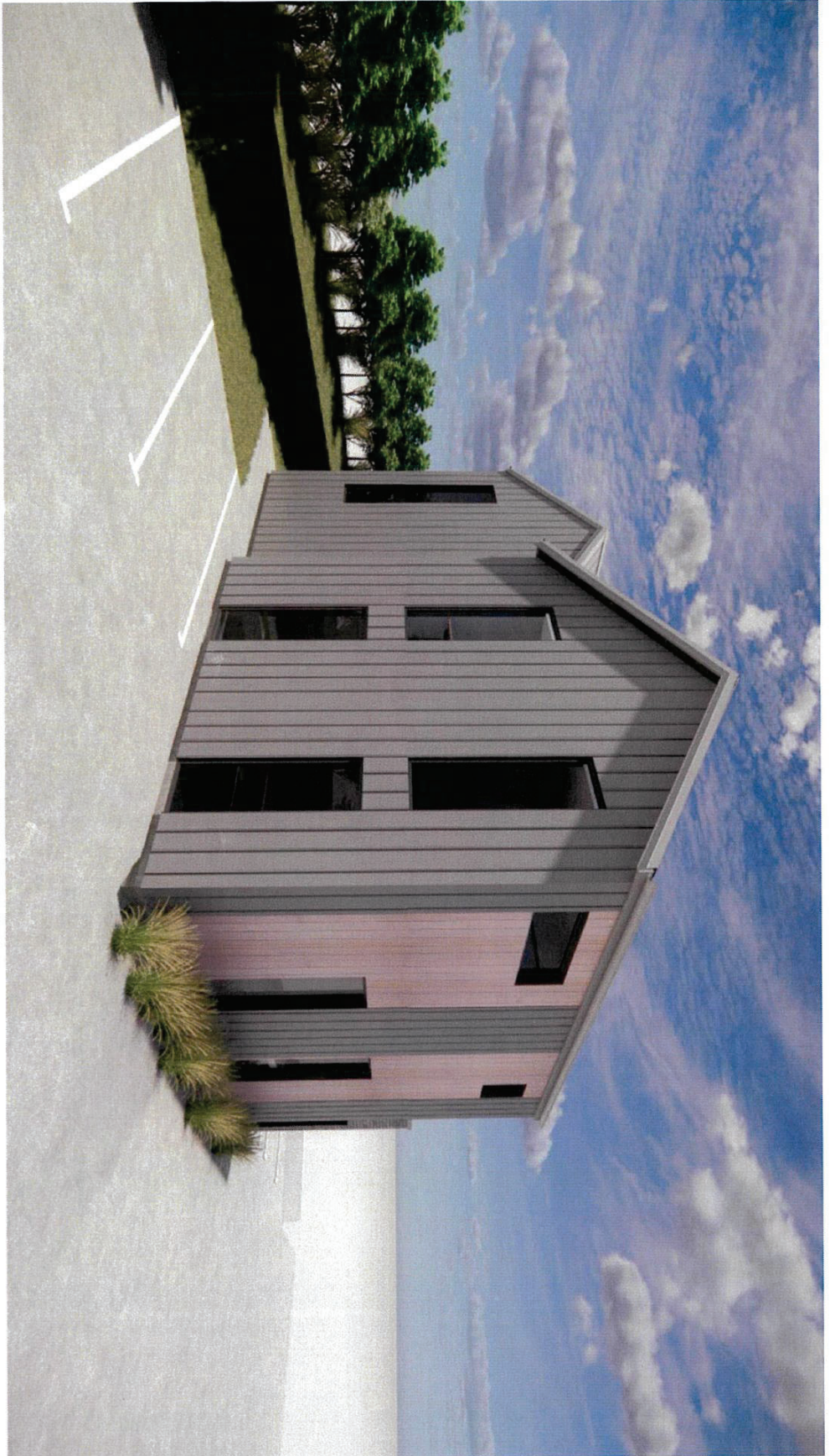
TOWNE PLACE CLINIC

RENDERS

SHEET NO. AC104

SCALE

1:1



TOWNE PLACE CLINIC

RENDERS

SHEET NO. A000 SCALE 1:1

MB



TOWNE PLACE CLINIC

RENDERS

SHEET NO. A-002 SCALE 1/4" = 1'-0"

MB

DRAWING LIST CONCEPT		
No	TITLE	SHEET NAME
AC.00		
AC.02	RENDERS	
AC.03	RENDERS	
AC.04	RENDERS	
AC.10	SITE PLAN	
AC.11	FLOOR PLANS	
AC.20	ELEVATIONS	
AC.21	SECTIONS	
AC.30	SECTION	



PEAK
ARCHITECTURE

A-302 HOON HAY ROAD, CHRISTCHURCH
E-ADMIN@PEAKARCHITECTURE.CO.NZ
P-021 0897300

PROJECT

TOWNE PLACE CLINIC
JOE OBRIEN
24 TOWNE PLACE

TITLE

TITLE

DRAWING STATUS

RESOURCE CONSENT

MB

AB



AFFECTED PERSON'S APPROVAL

FORM 8A



Resource Management Act 1991 Section 95



RESOURCE CONSENT APPLICANT'S NAME AND/OR RM #

Joe O'Brien - 24 Towne Place, Queenstown



AFFECTED PERSON'S DETAILS

I/We Paul Evans

Are the owners/~~occupiers~~ of

21B Towne place



DETAILS OF PROPOSAL

I/We hereby give written approval for the proposal to:

Resource consent to build a dwelling as per the Plans prepared by Peak Architecture Ltd and to utilise the dwelling as a Physio for up to 6 staff, from 7.30am to 7pm Mon-Fri and 8am to 2pm Saturday. Closed on Sunday.

at the following subject site(s):

24 Towne Place (Lot 1 DP568184)



PLEASE TICK

I/We understand that by signing this form Council, when considering this application, will not consider any effects of the proposal upon me/us.



PLEASE TICK

I/We understand that if the consent authority determines the activity is a deemed permitted boundary activity under section 87BA of the Act, written approval cannot be withdrawn if this process is followed instead.



WHAT INFORMATION/PLANS HAVE YOU SIGHTED



PLEASE TICK

I/We have sighted and initialled ALL plans dated and approve them.

Paul Evans



APPROVAL OF AFFECTED PERSON(S)

The written consent of all owners / occupiers who are affected. If the site that is affected is jointly owned, the written consent of all co-owners (names detailed on the title for the site) are required.

A	Name (PRINT) Paul Evans	
	Contact Phone / Email address contact@lemonjello.nz	
	Signature P Evans	Date 27/06/23

B	Name (PRINT)	
	Contact Phone / Email address	
	Signature	Date

C	Name (PRINT)	
	Contact Phone / Email address	
	Signature	Date

D	Name (PRINT)	
	Contact Phone / Email address	
	Signature	Date

Note to person signing written approval

Conditional written approvals cannot be accepted.

There is no obligation to sign this form, and no reasons need to be given.

If this form is not signed, the application may be notified with an opportunity for submissions.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.



Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348
Gorge Road, Queenstown 9300

P: 03 441 0499
E: resourceconsent@qldc.govt.nz
www.qldc.govt.nz

Dear Neighbour,

My name is Joe O'Brien and I am looking to build my new house at 24 Towne Place, Queenstown.

I am also a qualified Physiotherapist and I would like to operate a small clinic from the Ground Floor of my new House.

Please see **attached** the architectural plans of my new Dwelling. You will see my plan to include a few treatment rooms on the ground floor, and my small apartment of the first floor.

In the long term, I see my clinic providing for up to 6 staff (one receptionist, and 5 physiotherapists). We are proposing for our clinic to operate as follows:

- Monday to Friday: 7.30am to 7.00pm;
- Saturday: 8.00am to 2.00pm; and
- Sunday and Public Holidays: Closed

I will live here with my partner in the small apartment on the first floor and we aim to run a high end, and highly regarded practice for the Queenstown Community. Our practice will not be noisy as we provide a professional and intimate service to our customers and will fully respect the amenity and peace of our neighbours. We think our practice will make a good neighbour to you.

We are looking to obtain resource consent and we would like to reach out to you and see if you would be comfortable with providing us with your written approval. If so, please may we ask that you sign the following documents:

- This letter (your initials at the bottom will be fine);
- The APA form attached; and
- Initial each page of our plans.

We appreciate this may be a big ask, and so we fully invite you to have a coffee or cup of tea with us if you have any questions. My contact details are:

- 021 280 3338
- Joe932@gmail.com

If possible, I would be keen to get my build underway and so I would like to ask if you could let me know by no later than **20 June 2023** if you are happy to provide approval.

I thank you for your time in reading my letter and if you would like to discuss my plans further, please call me or send me an email.

Yours sincerely,

Joe O'Brien

24 Towne Place, Queenstown



DRAWING LIST CONCEPT		
No	SHEET NAME	
AC00	TITLE	
AC02	RENDERS	
AC03	RENDERS	
AC04	RENDERS	
AC10	SITE PLAN	
AC11	FLOOR PLANS	
AC20	ELEVATIONS	
AC21	SECTIONS	
AC30	SECTION	



PROJECT
TOWNE PLACE CLINIC
 JDE O'BRIEN
 24 TOWNE PLACE

TITLE
 TITLE

DRAWING STATUS
 RESOURCE CONSENT



RS

TOWNE PLACE CLINIC

RENDERS

PEAK
ARCHITECTURE
P. 0310887380
E. ADMINISTRATION ARCHITECTURE CO. INC.
P. 0310887380

SCALE

AS SHOWN

1 : 1



TOWNE PLACE CLINIC

RENDERS

PEAK
ARCHITECTURE

A/ 202 HODGKIN ROAD, DUNEDIN, NEW ZEALAND
E/ ADMINISTRATION@PEAKARCHITECTURE.CO.NZ
P/ 03 1088 7500

DATE

PROJECT NO.

SCALE

1 : 1



18

TOWNE PLACE CLINIC

RENDERS

PEAK ARCHITECTURE
 4703 MIDCOT WAY, SUITE 100, DALLAS, TX 75244
 P. 214.636.7500
 E. ADMIN@PEAKARCHITECTURE.COM
 P. 0310007500

SCALE

AS SHOWN

SHEET NO.

AC04

1:1

SITE NOTES

ADDRESS: 24 TOWNE PLACE, QT
 LEGAL DESCRIPTION: LOT 1 DP 568184
 SITE AREA: 603m²

CLIMATE ZONE: 6
 EARTHQUAKE ZONE: ZONE 3
 EXPOSURE ZONE: ZONE B
 RAINFALL RANGE: 1400mm
 WIND REGION: A
 WIND ZONE: EXTRA HIGH WIND
 SNOW LOAD: 1.5 kPa

DEVELOPMENT STANDARDS

ZONE: LOW DENSITY RES

PROPOSED ACTIVITY: RESIDENTIAL /PHYSIO CLINIC

ACTIVITY RULES:

BUILDING HEIGHT:
 REQUIRED: 8m
 PROPOSED: 7.9m

BUILDING COVERAGE:
 REQUIRED: 40%
 PROPOSED: 25%

LANDSCAPING:
 REQUIRED: 30%
 PROPOSED: 22%

RECESSION PLANES:
 REFER SECTIONS

SETBACKS:
 REQUIRED: 2m
 PROPOSED: 2m (REFER SITE PLAN)

CUT/FILL SCHEDULE

CUT	FILL	NET CUT/FILL
330.99 m ²	3.58 m ²	-327.42 m ²

PARKING NOTES

PARKING LAYOUT DESIGNED IN ACCORDANCE WITH AS/NZS 2890.

DISABLED CAR PARKING DESIGNED IN ACCORDANCE WITH NZS 4121.

VEHICLE TRACKING DESIGNED USING 85 PERCENTILE VEHICLE.

DESIGN SUBJECT TO PLANNER APPROVAL.

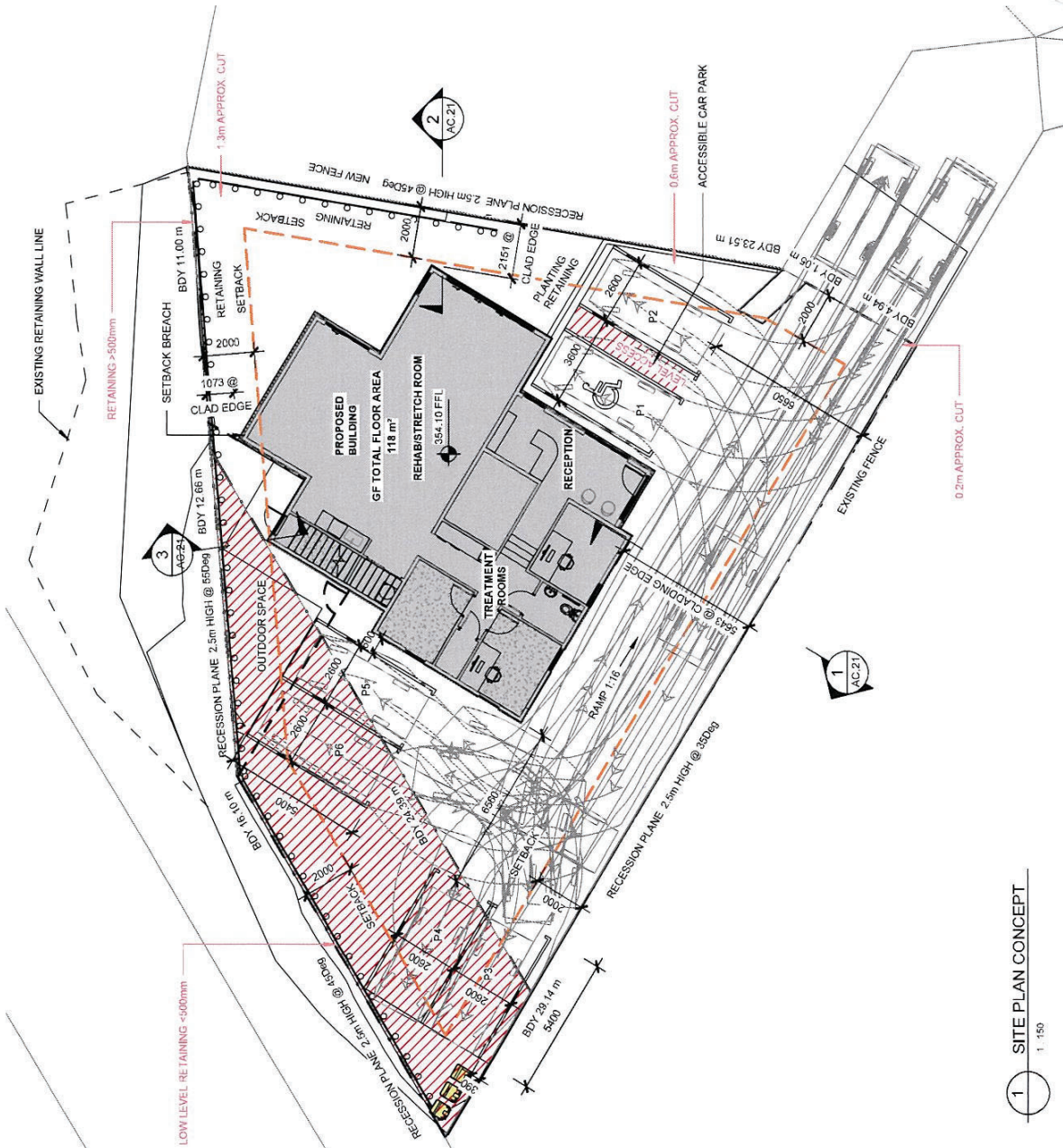


TOWNE PLACE CLINIC

SITE PLAN

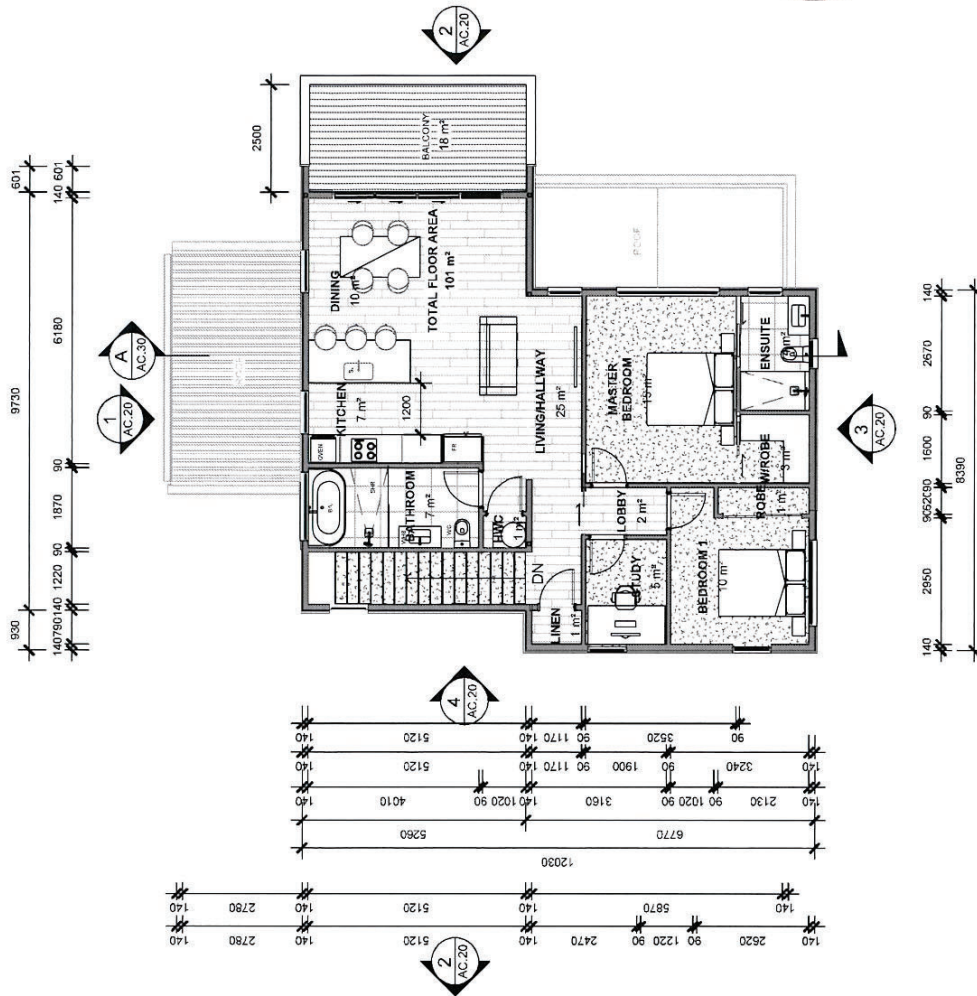
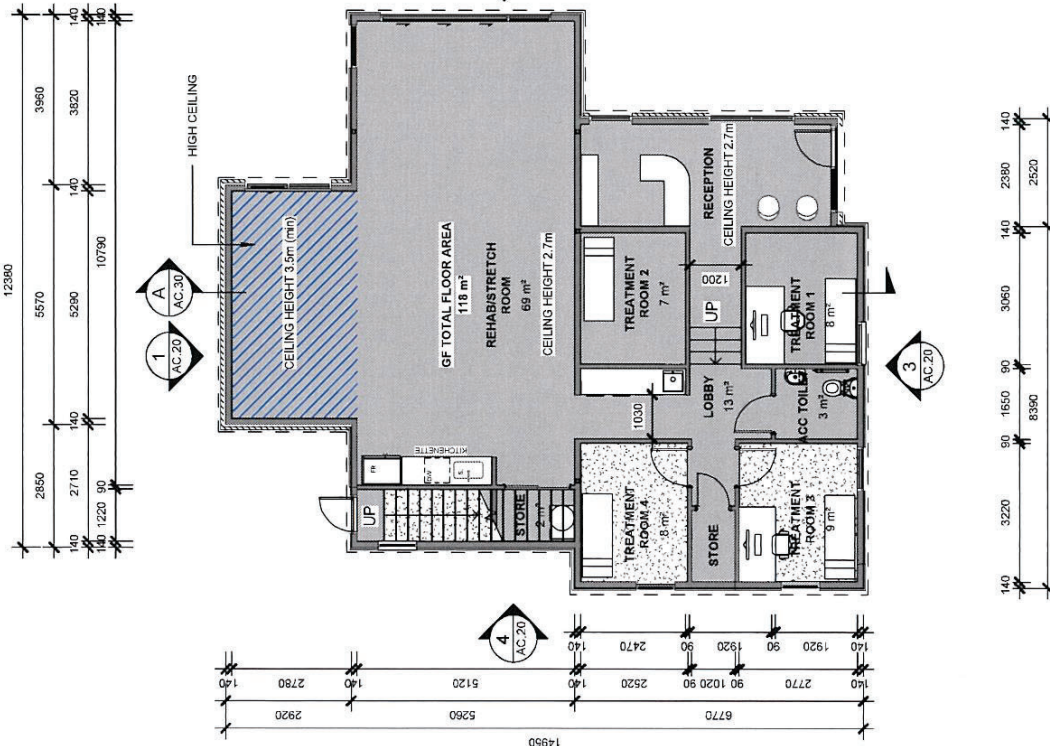
SHEET NO. AC 10 SCALE AS INDICATED

PEAK ARCHITECTURE
 1/2024 HODEN AVENUE, SYDNEY
 P. ADMIN@PEAKARCHITECTURE.CO.NZ
 P. 021 0889536



1 SITE PLAN CONCEPT

1:150



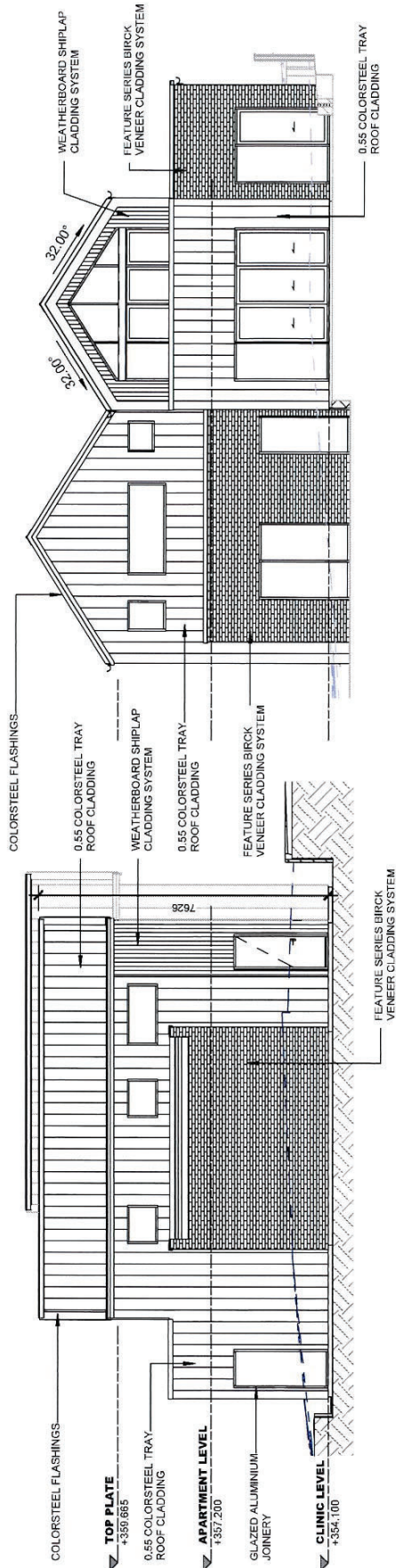
TOWNE PLACE CLINIC

FLOOR PLANS



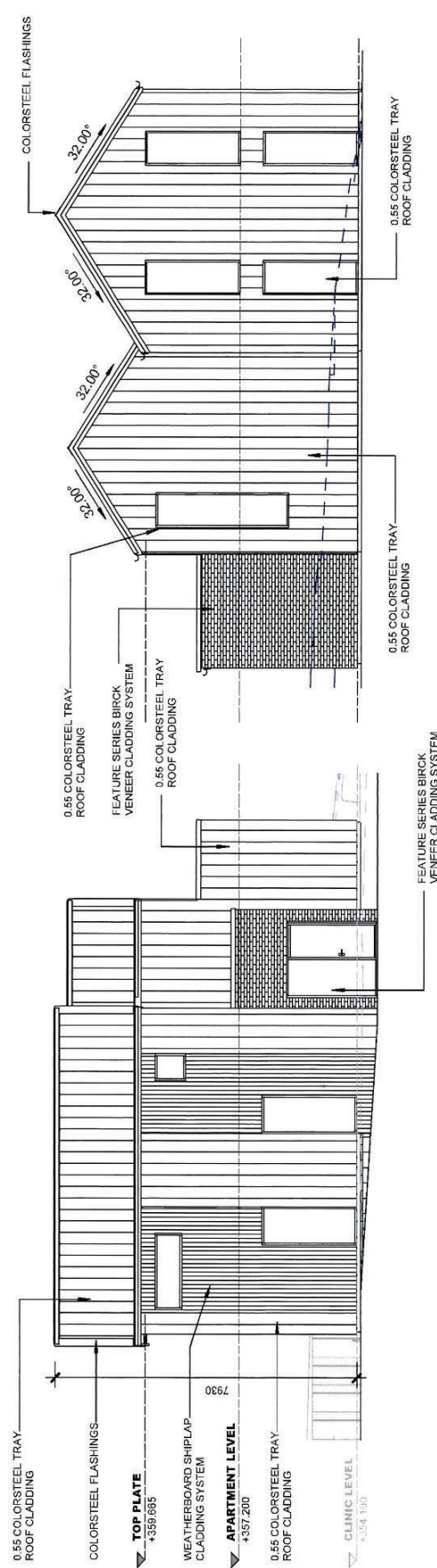
PEAK ARCHITECTURE
17-203 HIGHWAY 10A, ROAD 3, CARPENTARIA NT
E: ADMIN@PEAKARCHITECTURE.COM.AU
P: 081088774-50

3D SET NO. AC.1.1 SCALE 1:100



1 NORTH EAST ELEVATION
A1.11 1:100

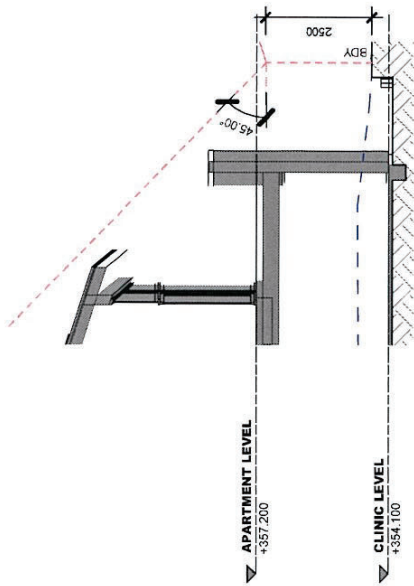
2 SOUTH EAST ELEVATION
A1.11 1:100



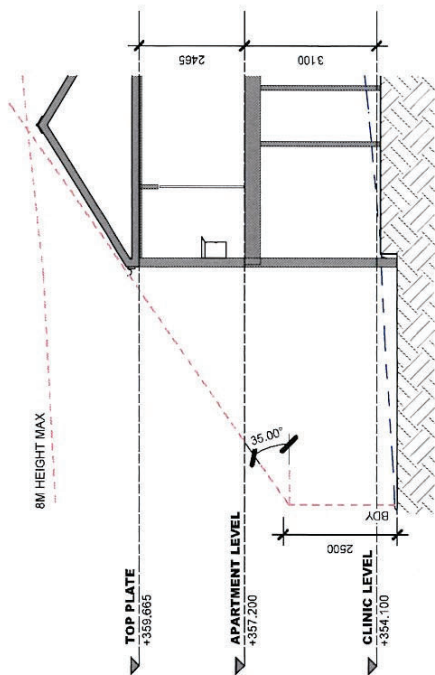
3 SOUTH WEST ELEVATION
A1.11 1:100

4 NORTH WEST ELEVATION
A1.11 1:100

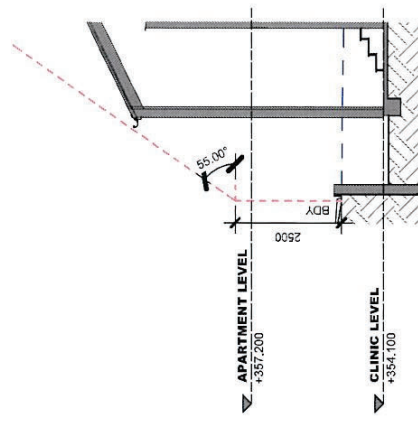
Handwritten signature or initials.



2 SOUTH EAST RECESSION PLANE
A1.11 1:100

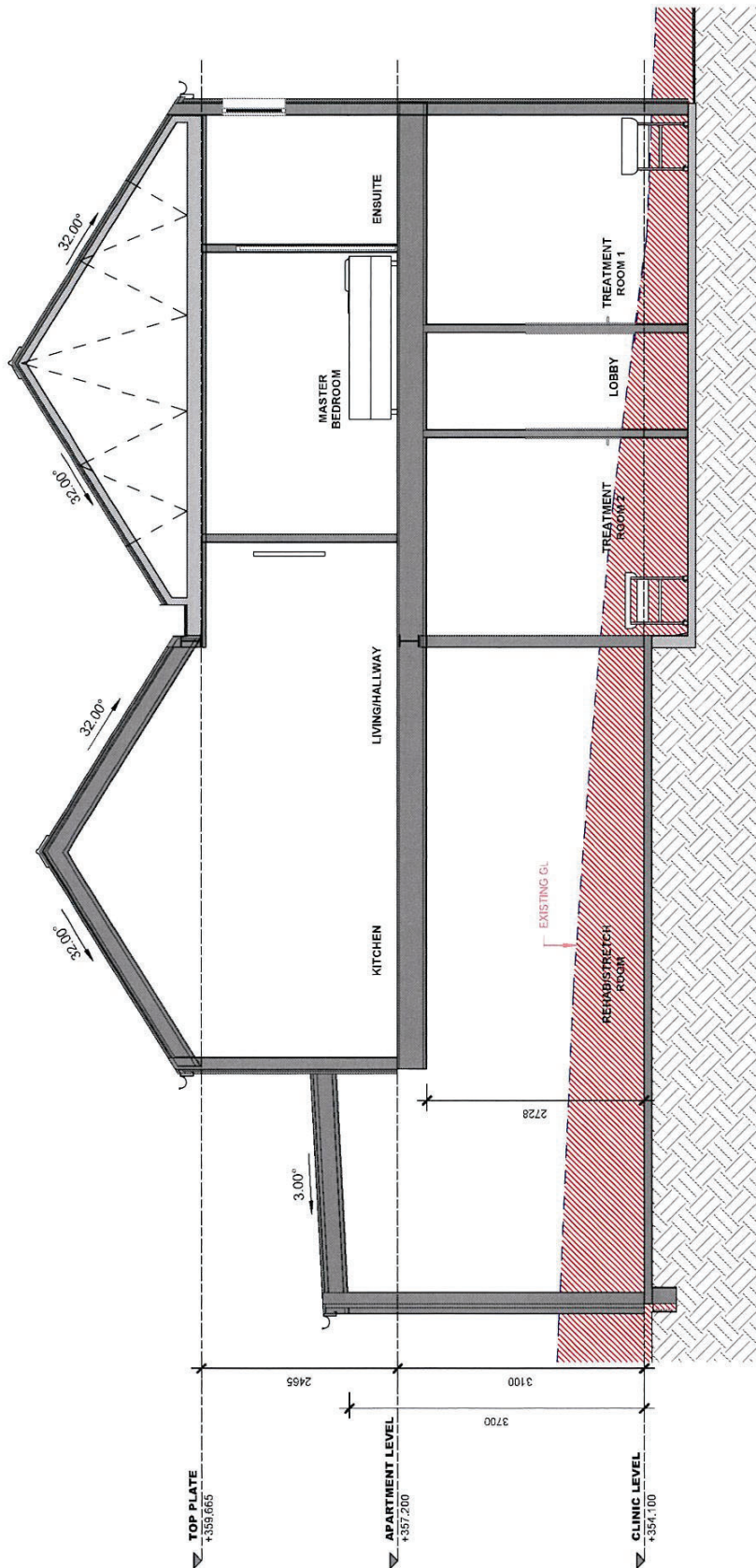


1 SOUTH WEST RECESSION PLANE
A1.11 1:100



3 NORTH EAST RECESSION PLANE
A1.11 1:100





A SECTION A
A1.11 1:50

TOWNE PLACE CLINIC

SECTION

PEAK
ARCHITECTURE

4700 HIGHWAY ROAD, CHRISTCHURCH
6 ADMINISTRATION ARCHITECTURE CO NZ
021 1087040

SHEET NO. A1.11

SCALE 1:50

Dear Neighbour,

My name is Joe O'Brien and I am looking to build my new house at 24 Towne Place, Queenstown.

I am also a qualified Physiotherapist and I would like to operate a small clinic from the Ground Floor of my new House.

Please see **attached** the architectural plans of my new Dwelling. You will see my plan to include a few treatment rooms on the ground floor, and my small apartment of the first floor.

Initially it would just be myself & 1 other staff member operating out of the clinic. In the long term, I see my clinic providing for up to a maximum of 6 staff (one receptionist, and 5 physiotherapists) they would be split across the week and never all at once. We are proposing for our clinic to operate as follows:

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- Saturday: 8.00am to 2.00pm; and
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- The APA form attached; and
- Initial each page of our plans.

We appreciate this may be a big ask, and so we fully invite you to have a coffee or cup of tea with us if you have any questions. My contact details are:

- 021 280 3338
- Joe932@gmail.com

If possible, I would be keen to get my build underway and so I would like to ask if you could let me know by no later than **20 June 2023** if you are happy to provide approval.

I thank you for your time in reading my letter and if you would like to discuss my plans further, please call me or send me an email.

Yours sincerely,

Joe O'Brien

24 Towne Place, Queenstown



AFFECTED PERSON'S APPROVAL

FORM 8A

Resource Management Act 1991 Section 95



RESOURCE CONSENT APPLICANT'S NAME AND/OR RM

Joe O'Brien - 24 Towne Place, Queenstown



AFFECTED PERSON'S DETAILS

I/We Aphichada, Sudarat, Wuthiporn
Are the owners/occupiers of 213 Towne Place



DETAILS OF PROPOSAL

I/We hereby give written approval for the proposal to:

Resource consent to build a dwelling as per the Plans prepared by Peak Architecture Ltd and to utilise the dwelling as a Physio for up to 6 staff, from 7.30am to 7pm Mon-Fri and 8am to 2pm Saturday. Closed on Sunday.

at the following subject site(s):

24 Towne Place (Lot 1 DP568184)



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WHAT INFORMATION/PLANS HAVE YOU SIGHTED



I/We have sighted and initialled ALL plans dated and approve them.



APPROVAL OF AFFECTED PERSON(S)

The written consent of all owners / occupiers who are affected. If the site that is affected is jointly owned, the written consent of all co-owners (names detailed on the title for the site) are required.

A

Name (PRINT)

Sudarat Maka

Contact Phone / Email address

021-08596337

Signature

Sudarat

Date

20/06/23

B

Name (PRINT)

Wuthiporn Maka

Contact Phone / Email address

021-250-3674

Signature

Wuthiporn

Date

20/06/23

C

Name (PRINT)

Contact Phone / Email address

Signature

Date

D

Name (PRINT)

Contact Phone / Email address

Signature

Date

Note to person signing written approval

Conditional written approvals cannot be accepted.

There is no obligation to sign this form, and no reasons need to be given.

If this form is not signed, the application may be notified with an opportunity for submissions.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.



QUEENSTOWN
LAKES DISTRICT
COUNCIL

Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348
Gorge Road, Queenstown 9300

P: 03 441 0499
E: resourceconsent@qldc.govt.nz
www.qldc.govt.nz

DRAWING LIST CONCEPT		
No	SHEET NAME	
AC.00	TITLE	
AC.02	RENDERS	
AC.03	RENDERS	
AC.04	RENDERS	
AC.10	SITE PLAN	
AC.11	FLOOR PLANS	
AC.20	ELEVATIONS	
AC.21	SECTIONS	
AC.30	SECTION	



PROJECT
TOWNE PLACE CLINIC
JOE OBRIEN
24 TOWNE PLACE

TITLE
TITLE

DRAWING STATUS
RESOURCE CONSENT



TOWNE PLACE CLINIC

RENDERS



PEAK
ARCHITECTURE

ARCHITECTS
ADMINISTRATIVE
DESIGN

SCALE

1 : 1

SM



TOWNE PLACE CLINIC

RENDERS

SH-EET NO. A-003 SCALE 1:1



Handwritten signature or initials.



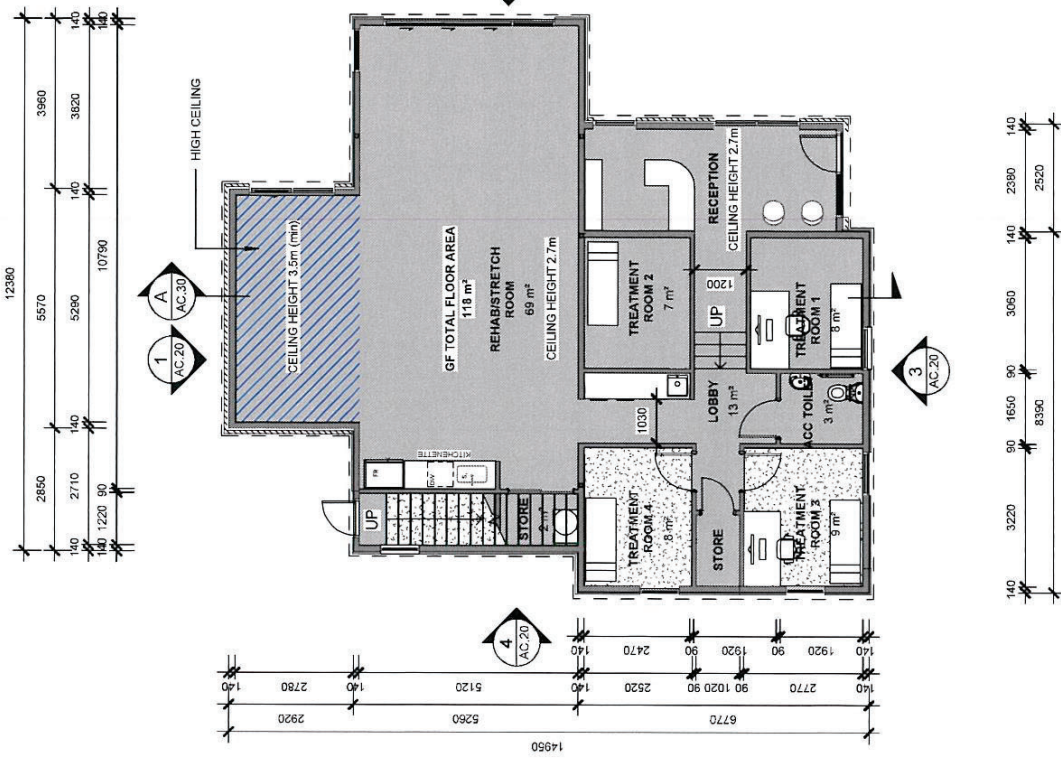
TOWNE PLACE CLINIC

RENDERS

PEAK ARCHITECTURE
 11-203 HICOM AVENUE, SUITE 100
 E. ALBANY, ALABAMA 36850
 P: 334.687.3330

SHEET NO. AC04 SCALE 1:1

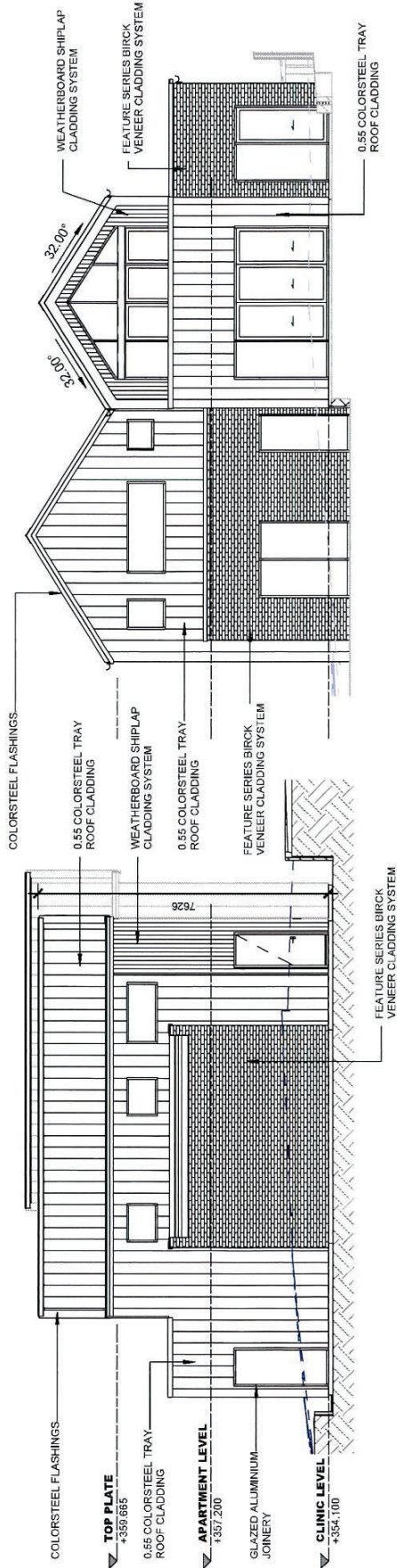
SM



PEAK ARCHITECTURE
P
200 NEWCASTLE RD. C. CHURCH
2. ANSON RD. NEWCASTLE NSW 1500
P: 0310873490

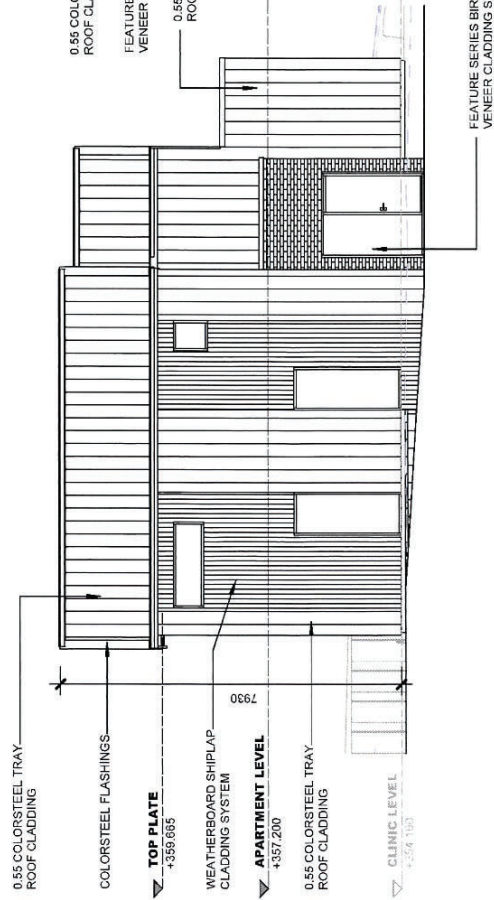
TOWNE PLACE CLINIC
FLOOR PLANS
SHEET NO. AC.1.1
SCALE 1 : 100

5m

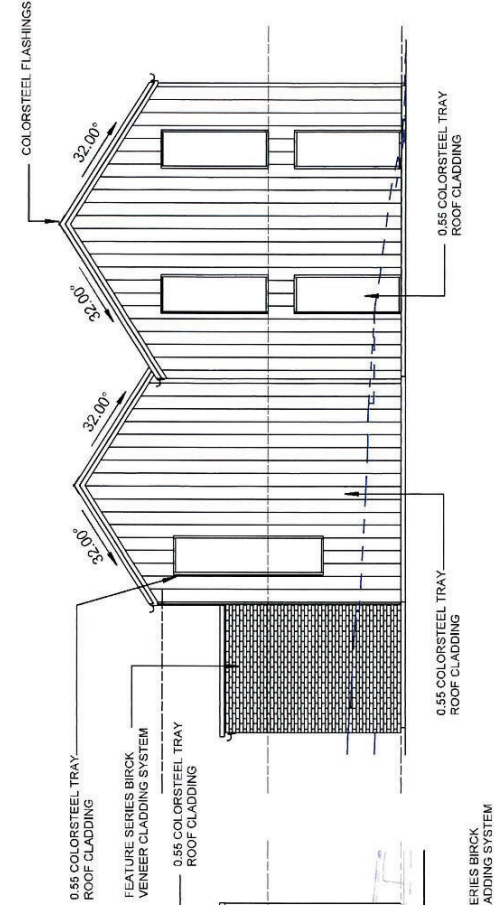


1 NORTH EAST ELEVATION
A1.11 1:100

2 SOUTH EAST ELEVATION
A1.11 1:100



3 SOUTH WEST ELEVATION
A1.11 1:100



4 NORTH WEST ELEVATION
A1.11 1:100

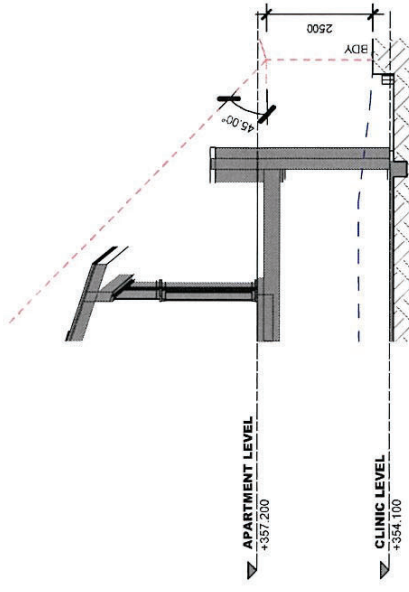
TOWNE PLACE CLINIC

ELEVATIONS

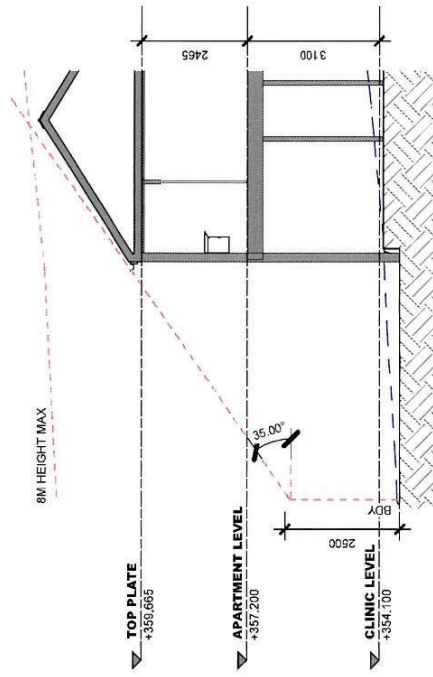
PEAK ARCHITECTURE

2005 HIGHWAY 100, LEBANON, NH 03756
P: 603.888.7248

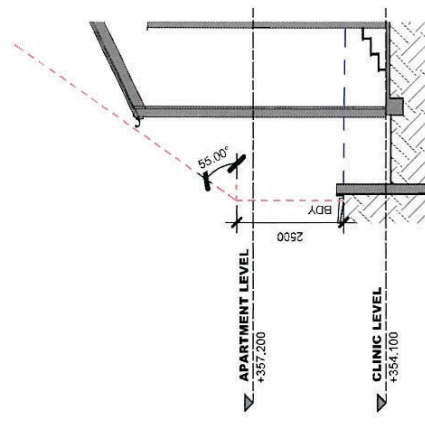
Sheet No. A1.11 SCALE 1:100



2 SOUTH EAST RECESSION PLANE
A1.11 1:100

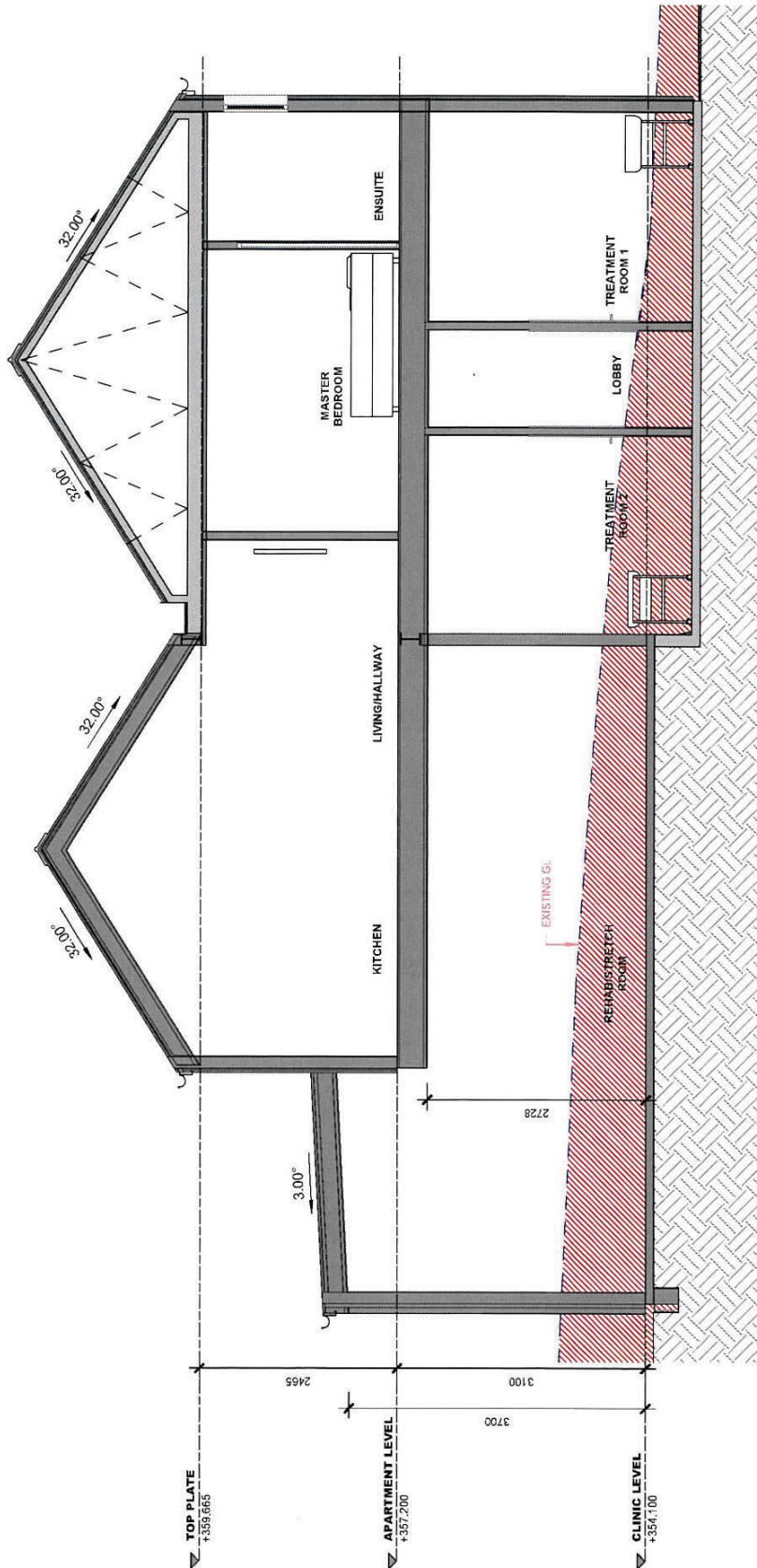


1 SOUTH WEST RECESSION PLANE
A1.11 1:100



3 NORTH EAST RECESSION PLANE
A1.11 1:100

SM



A SECTION A
A1.11 1/50

TOWNE PLACE CLINIC

SECTION

PEAK ARCHITECTURE

A-202 HODDIN WAY ROAD, CHRISTCHURCH
P-03108574480
SHEET NO. A1.11 SCALE 1:50

SM

DRAWING LIST CONCEPT	
No	SHEET NAME
AC.00	TITLE
AC.02	RENDERS
AC.03	RENDERS
AC.04	RENDERS
AC.10	SITE PLAN
AC.11	FLOOR PLANS
AC.20	ELEVATIONS
AC.21	SECTIONS
AC.30	SECTION

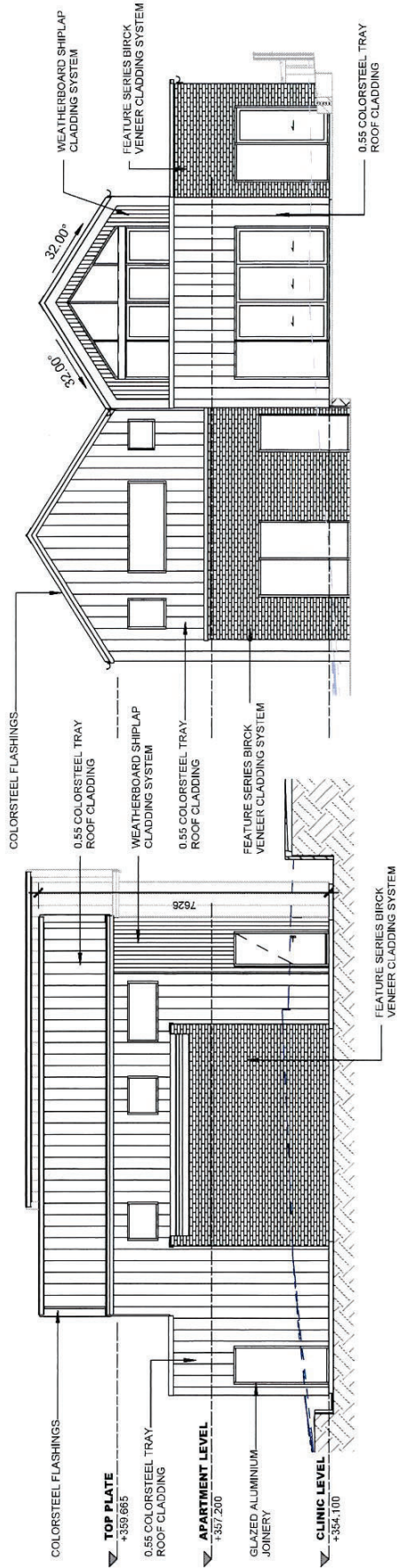


PROJECT
TOWNE PLADE CLINIC
JOE OBRIEN
24 TOWNE PLADE

TITLE
TITLE

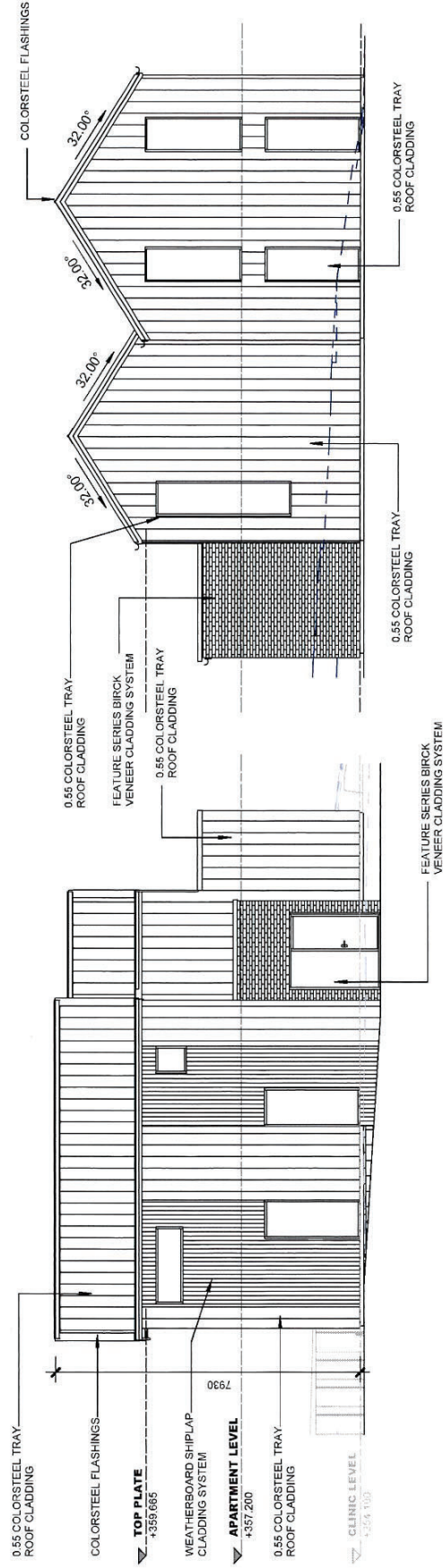
DRAWING STATUS
RESOURCE CONSENT

gm



2 SOUTH EAST ELEVATION
A1.11 1:100

1 NORTH EAST ELEVATION
A1.11 1:100



3 SOUTH WEST ELEVATION
A1.11 1:100

4 NORTH WEST ELEVATION
A1.11 1:100

TOWNE PLACE CLINIC

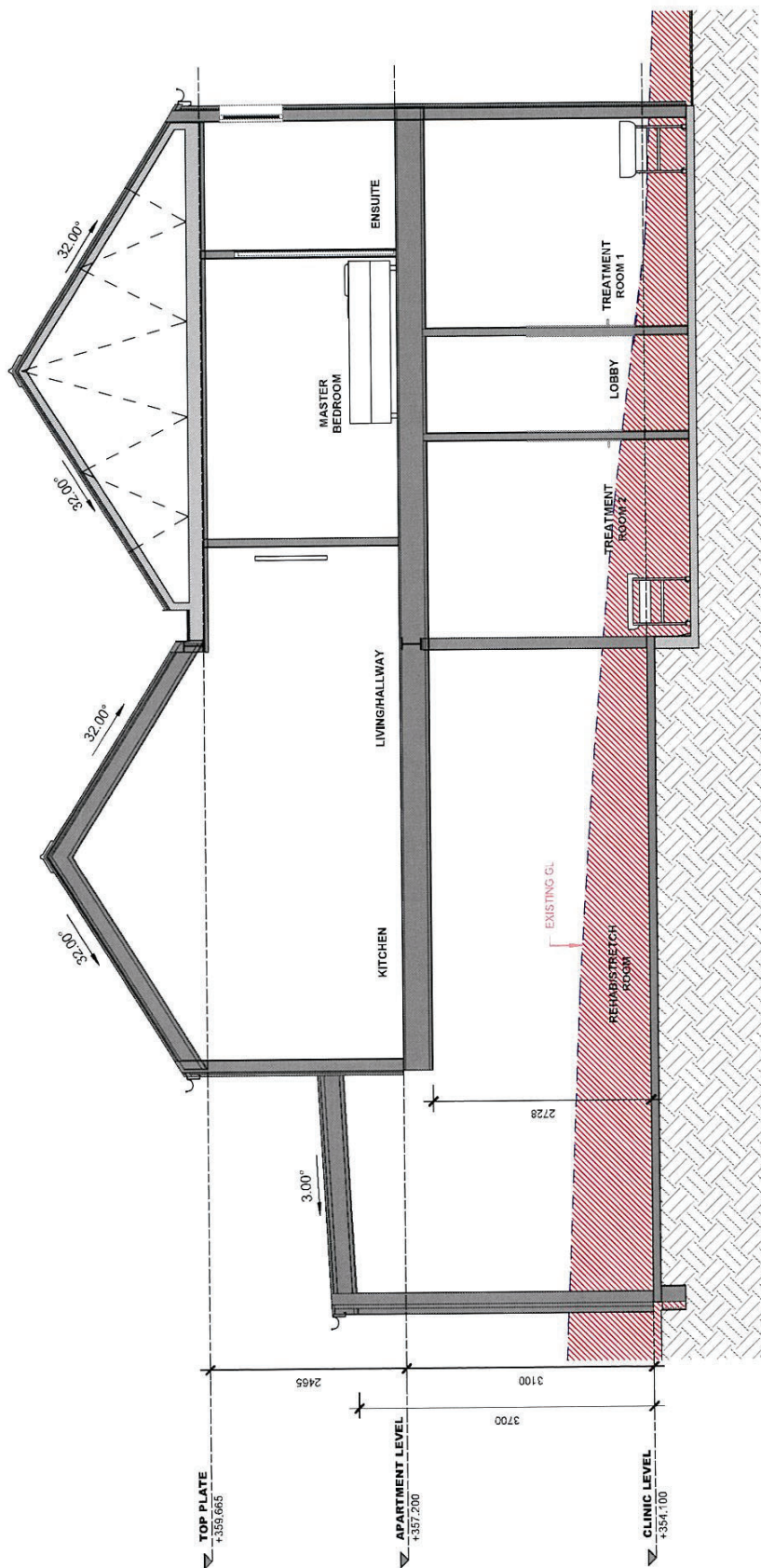
ELEVATIONS

PEAK ARCHITECTURE

A/C 3024 HORN HAY ROAD, DUNEDIN, NEW ZEALAND
P: 03 1088 934 80

SP: EET NG AG: 20 SCALE 1:100

Sum



SECTION A
A1.11 1:50

TOWNE PLACE CLINIC

SECTION

SHEET NO.

SCALE

AC:00

1:1.50

PEAK
ARCHITECTURE
100 HANOVER STREET, AUCKLAND
P. 021 638 7525

SM

Dear Neighbour,

My name is Joe O'Brien and I am looking to build my new house at 24 Towne Place, Queenstown.

I am also a qualified Physiotherapist and I would like to operate a small clinic from the Ground Floor of my new House.

Please see **attached** the architectural plans of my new Dwelling. You will see my plan to include a few treatment rooms on the ground floor, and my small apartment of the first floor.

Initially it would just be myself & 1 other staff member operating out of the clinic. In the long term, I see my clinic providing for up to a maximum of 6 staff (one receptionist, and 5 physiotherapists) they would be split across the week and never all at once, We are proposing for our clinic to operate as follows:

- Monday to Friday: 7.30am to 7.00pm;
- Saturday: 8.00am to 2.00pm; and
- Sunday and Public Holidays: Closed

I will live here with my partner in the small apartment on the first floor and we aim to run a high end, and highly regarded practice for the Queenstown Community. Our practice will not be noisy as we provide a professional and intimate service to our customers and will fully respect the amenity and peace of our neighbours. We think our practice will make a good neighbour to you.

We are looking to obtain resource consent and we would like to reach out to you and see if you would be comfortable with providing us with your written approval. If so, please may we ask that you sign the following documents:

- This letter (your initials at the bottom will be fine);
- The APA form attached; and
- Initial each page of our plans.

We appreciate this may be a big ask, and so we fully invite you to have a coffee or cup of tea with us if you have any questions. My contact details are:

- 021 280 3338
- Joe932@gmail.com

If possible, I would be keen to get my build underway and so I would like to ask if you could let me know by no later than **20 June 2023** if you are happy to provide approval.

I thank you for your time in reading my letter and if you would like to discuss my plans further, please call me or send me an email.

Yours sincerely,

Joe O'Brien

24 Towne Place, Queenstown





AFFECTED PERSON'S APPROVAL

FORM 8A

Resource Management Act 1991 Section 95



RESOURCE CONSENT APPLICANT'S NAME AND/OR RM

Joe O'Brien - 24 Towne Place, Queenstown



AFFECTED PERSON'S DETAILS

I/We

Are the owners/occupiers of

24 Towne Pl
Granton
Joe



DETAILS OF PROPOSAL

I/We hereby give written approval for the proposal to:

Resource consent to build a dwelling as per the Plans prepared by Peak Architecture Ltd and to utilise the dwelling as a Physio for up to 6 staff, from 7.30am to 7pm Mon-Fri and 8am to 2pm Saturday. Closed on Sunday.

at the following subject site(s):

24 Towne Place (Lot 1 DP568184)



PLEASE TICK

I/We understand that by signing this form Council, when considering this application, will not consider any effects of the proposal upon me/us.



PLEASE TICK

I/We understand that if the consent authority determines the activity is a deemed permitted boundary activity under section 87BA of the Act, written approval cannot be withdrawn if this process is followed instead.



WHAT INFORMATION/PLANS HAVE YOU SIGHTED



PLEASE TICK

I/We have sighted and initialled ALL plans dated and approve them.

16/06/23



APPROVAL OF AFFECTED PERSON(S)

The written consent of all owners / occupiers who are affected. If the site that is affected is jointly owned, the written consent of all co-owners (names detailed on the title for the site) are required.

A

Name (PRINT)

Contact Phone / Email address

Signature

Date

B

Name (PRINT)

Contact Phone / Email address

Signature

Date

C

Name (PRINT)

Contact Phone / Email address

Signature

Date

D

Name (PRINT)

Contact Phone / Email address

Signature

Date

Note to person signing written approval

Conditional written approvals cannot be accepted.

There is no obligation to sign this form, and no reasons need to be given.

If this form is not signed, the application may be notified with an opportunity for submissions.

If signing on behalf of a trust or company, please provide additional written evidence that you have signing authority.



QUEENSTOWN
LAKES DISTRICT
COUNCIL

Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348
Gorge Road, Queenstown 9300

P: 03 441 0499
E: resourceconsent@qldc.govt.nz
www.qldc.govt.nz

DRAWING LIST CONCEPT	
No	SHEET NAME
AC.00	TITLE
AC.02	RENDERS
AC.03	RENDERS
AC.04	RENDERS
AC.10	SITE PLAN
AC.11	FLOOR PLANS
AC.20	ELEVATIONS
AC.21	SECTIONS
AC.30	SECTION



PROJECT
 TOWNE PLACE CLINIC
 JOE O'BRIEN
 24 TOWNE PLACE

TITLE
 TITLE

DRAWING STATUS
 RESOURCE CONSENT

[Handwritten signature]



TOWNE PLACE CLINIC

RENDERS

SH-EET NO. AC.02 SCALE 1:1



[Handwritten signature]