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| SUBMISSION FORM (FORM 5)PROPOSED PLAN CHANGE TO THE UPPER HUTT CITY COUNCIL DISTRICT PLAN: VARIATION 1 TO PROPOSED PLAN CHANGE 49– SILVERSTREAM SPUR |

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| File Number: 351/12-051  Submission Number:  (for office use only)  To: Upper Hutt City Council  Submission on Variation 1 on Proposed Plan Change 49 – Silverstream Spur to the Upper Hutt City Council District Plan  Submissions can be:  Delivered to: HAPAI Building, 879-881 Fergusson Drive, Upper Hutt  Posted to: Variation 1 to PC49 – Silverstream Spur, Upper Hutt City Council, Private Bag 907, Upper Hutt  Faxed to: (04) 528 2652  Emailed to: planning@uhcc.govt.nz   |  | | --- | | The closing date for submissions is Friday 4 November **2022** at 5pm | |

PLEASE NOTE THAT THE INFORMATION PROVIDED IN YOUR SUBMISSION, INCLUDING YOUR

CONTACT DETAILS, WILL BE AVAILABLE TO THE PUBLIC

DETAILS OF SUBMITTER

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| Name of submitter |  | | | |
| Postal address of submitter |  | | | |
| Agent acting for  submitter (if applicable) |  | | | |
| Address for service  (if different from above) |  | | | |
| Contact phone / **email** | Telephone: | | | Email: |
| I could gain an advantage in trade competition through this submission  (Please tick one) | NO |  | Only answer this question if you ticked YES:  I am / am not (select one) directly affected by an effect of the subject matter of the submission that:  (a) adversely affects the environment; and  (b) does not relate to trade competition or the effects of trade competition. | |
| YES |  |

DETAILS OF SUBMISSION

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| The specific provisions of the Variation that my submission relates to are as follows:  *(Please use additional sheets if necessary)* | | |
| My submission is that:  *(Please state in summary the nature of your submission. Clearly indicate whether you support or oppose the specific provisions or wish to have amendments made, giving reasons. Please use additional sheets if necessary)* | | |
| I seek the following decision from the local authority:  *(Please give precise details and use additional sheets if necessary)* | | |
| Please indicate whether you wish to be heard in support of your submission (Tick appropriate box) | I dowish to be heard in support of my submission |  |
| I do no**t** wish to be heard in support of my submission |  |
| Please indicate whether you wish to make a joint case at the hearing if others make a similar submission (Tick appropriate box) | I do wish to make a joint case |  |
| I do notwish to make a joint case |  |

SIGNATURE AND DATE

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