

# CON540: TRANSFER OF A RESOURCE CONSENT

SECTIONS 134-137 RESOURCE MANAGEMENT ACT 1991

TO: Resource Management Section  
Southland District Council  
PO Box 903  
Invercargill 9840

Ph: 0800 732 732 Fax: 0800 732 329

FOR OFFICE USE ONLY

## PART A: Consent Details

Consent number: \_\_\_\_\_

Transfer of:            Whole Resource Consent                Part Resource Consent   

If this is a partial transfer, please clearly describe which part of the consent is being transferred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site address: \_\_\_\_\_

Legal description: \_\_\_\_\_

Approximate date consent first used: \_\_\_\_\_

**Note: If your resource consent has lapsed, it cannot be transferred. Contact Customer Services if you require any clarification.**

How consent was first used: \_\_\_\_\_

Description of activity authorised by consent: \_\_\_\_\_

Is the consent currently under review:    YES / NO (please delete where applicable)

*Please attach a copy of the Title Search. Where a Title Search is not supplied and is required for processing of the transfer, Southland District Council may obtain a copy, and the cost of this may be charged to you.*

# RESOURCE CONSENT

## PART B: Current Consent Holder Details \*

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Company name: \_\_\_\_\_

Current postal address: \_\_\_\_\_

Telephone number (work): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cellphone number \_\_\_\_\_ Email: \_\_\_\_\_

Date: / /

Signature/s of **current consent holder/s**  
(or duly authorised agent on behalf of the consent holder)

Print name/s

**Please note that a request to transfer a resource consent cannot occur without signatures of all current consent holders.**

## PART C: New Consent Holder Details \*

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Surname: \_\_\_\_\_ All first names (in full): \_\_\_\_\_ Mr/Mrs/Ms/Miss

Registered Company name and number: \_\_\_\_\_

Current postal address: \_\_\_\_\_

Telephone number (work): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cellphone number \_\_\_\_\_ Email: \_\_\_\_\_

Date: / /

Signature/s of **new consent holder/s**  
(or duly authorised agent on behalf of the consent holder)

Print name/s

**Please note that a request to transfer a resource consent cannot occur without signatures of all new consent holders.**

- Note:
1. Until a complete transfer form is received, new documents cannot be processed.
  2. Any compliance monitoring charges for work completed up until the date of transfer will be invoiced to the transferor.
  3. The transfer will be effective from the date Council receives the complete transfer form.

- If a resource consent requires a partial change of name:
  - Part B must contain all names of current consent holders; and
  - Part C must contain all names of proposed new consent holders INCLUDING the individual or organisation intending to remain a resource consent holder.