



# APPLICATION FOR TEMPORARY ACTIVITY ONLY – FORM 9

Resource Management Act (1991) Sec 88 & 145

## **PART ONE: Applicant and agent details**

Name of Applicant:	
Phone:	
Email:	
Agent name/Company name:	
Agent phone:	
Agent email:	
Name and Address of all other owners and occupiers of the location of the event	

## **PART TWO: Activity Details**

Name of Event	
Type of Event	
Date(s) Event to be held	
What time(s) of the day will the event be operating?	
Event location	
Maximum expected number of people on site at any one time:	
Notification of neighbours	<input type="checkbox"/> Have the neighbours of your event been made aware what is happening? This is recommended as it may increase their cooperation should it be needed. You may be required to obtain their affected party approval. Please contact Council to discuss affected party approval.

Email: [planning@kaikoura.govt.nz](mailto:planning@kaikoura.govt.nz)

Website: [www.kaikoura.govt.nz](http://www.kaikoura.govt.nz)

Phone: (03) 319 5026

Noise – Please select the appropriate box	
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