People First
Southland District Council
Te Rohe Pōtae O Murihiku

15 Forth Street, PO Box 903, Invercargill 9840 New Zealand
Tel: 0800 732 732, Fax: 0800 732 329
www.southlanddc.govt.nz

APPLICATION FOR DISPENSATION

Section 9 Subdivision Land Use and Development Bylaw

Application for Dispensation is made in accordance with the details set out below:

Please PRINT Clearly

1.	**DETAILS OF APPLICANT**	**Mr** **Mrs** **Miss** **Ms** (Circle one)
	Last Name	
	First Names	
2.	**Address for Service:**	
3.	**Address of the site for which the dispensation is sought:**	
4.	**Relevant resource consent number (if applicable):**	

5. Please attach all relevant information to enable Council to process your application. This includes the following:

(a) A statement of the services and/or infrastructure that is on or adjacent to the site.

(b) The matters in this Bylaw to which a dispensation is requested.

(c) The reasons why a dispensation is necessary.

(d) Details, including appropriate drawings, of changes requested.

(e) Your application should also include evidence from a suitably qualified and experienced person detailing the implications of the requested dispensations, and confirmation that such dispensations will be able to meet the needs of the future intended use of the allotment(s).

Tick one ☐ Yes ☐ No I undertake to pay the processing costs for the Council's consideration of this request, in accordance with Council's current approved Schedule of Fees and Charges hourly fee for Resource Management staff.

Applicant's signature: **Date:** / /