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| **SUBMISSION FORM 5**  Submission on Proposed District Plan  Variation 7 ‘Seasonal Workers Accommodation’ | HDC_LOGO |

Submissions can be:

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| Posted to:  Variation 7  Environmental Policy Manager  Hastings District Council  Private Bag 9002  Hastings 4156 | Delivered to:  Civic Administration Building  Hastings District Council  Lyndon Road East  Hastings |

##### Please use additional sheets if necessary.

###### We need to receive your submission by 5pm, Friday 27th September 2019

**1. Your details:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. The specific parts of Variation 7 that my submission relates to are:** *(Give Details).*

**3. My submission is that:**

(State the nature of your submission, clearly indicating **whether you support or oppose** the specific provisions or wish to have amendments made, giving reasons. Please continue on separate sheet(s) if necessary).

**4. I/We seek the following decision:** *(Please give precise details, this section must be completed to ensure a valid submission).*

**5*.* Please indicate whether you wish to be heard in support of your submission:**

I **wish to** speak at the Hearing in support of my submission; **or**

I **do not wish to** speak at the Hearing in support of my submission.

**6. Please indicate if you wish to make a joint case:**

If others make a similar submission please tick this box if you would consider presenting a joint case with them at the Hearing.

**7. Signature of person making submission or person authorised to sign on behalf of person making submission**

*(A signature is not required if you make your submission by electronic means).*

**Date: / / 19**

If you have used extra sheets for this submission please attach them to this form and indicate this below:

Yes, I have attached extra sheets No, I have not attached extra sheets

PLEASE NOTE: ALL SUBMISSIONS ARE MADE AVAILABLE TO THE PUBLIC.