

Make your submission:

Submission Form

For more information go to: proposeddistrictplan.ccc.govt.nz

Submissions must be received no later than Wednesday 10 August 2016.

U	Post:		n Submissions h City Council	Email:	dpreview@ccc.go	vt.nz
			of Christchurch 8154	Deliver:	Christchurch City 53 Hereford Stree	
	Online:	proposedd	istrictplan.ccc.govt.nz			
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6		etails (All de	ails (All details marked with an * must be provided)			2 6 JUL 2016
3	Full name(s)*	Asch	ELDER HOMERTIES	YE		5V.
	I authorise the	e person be	low to represent my submission:	(tick)		(D)(
	Submitter age	nt's name	CAMPBELL MCCIRO	MABL		
	Address for se	rvice (indic	ate your preference)*			
	Email* (ti	ck) CA	mmca73Qamxn	OM.		
	Post* (ti	ck) 1/7	mmca73G/am4n.c	72		
	Phone numbe	r* ()		Mobile	number* 027	5558885
			il and IHP for the purpose of the dis nformation and request any correct		rocess. The informat	tion will be held by the Council or
3	If you are a pers	on who cou	tails marked with an * must be provided Ild gain an advantage in trade cor by Clause 6(2) Schedule 1 of the	npetition through	making a submissic uake (Christchurch	on, your right to make a Replacement District Plan)
			n trade competition through this		Y VN	
			above statement please complete effect of the proposal that -	tne following.		
	(a) adversely aff		vironment; and competition or the effects of trade	e competition	√Y N	
4	I wish to be hea If you answered	rd in suppo	rith an * must be provided) rt of my submission.* above statement please complete omission, I will consider presentin	N the following: g a joint case with	them at a hearing.	N
	Signature of sub	omitter*			Date*	12/7/16
1		سند				•



Please use the guidelines to assist you to complete this form.

My submission is: (please tick) I support (I oppose	I seek an amendment	
The decision I seek is that the pro		·· • •
Be retained	Be amended as follows (you must specify your amended word	ing):
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District Plan Submissions Christchurch City Council PO Box,73001 73012 Christchurch 8154