## Written approval of affected persons



Postcode:

## PART A (to be completed by applicant)

PART A - APPLICATION

Full name: (in print)

Address of affected

prop rty:

Phone:

Applicant(s) name: (please write all names in full)	Matvin Group Limited	0,	
Address of proposed activity:	1092 Coatesville-Riverhead Highway	number if known:	
Brief description of proposed activity:			
To establish and operate a retirement village with 422 apartments and 72 care beds; a childcare centre, medical centre, cafe and retail premises. Cambridge Road, adjoining the site will be upgraded and extended. Provision is made for a new through road on the northern boundary, and Riverhead Road, on the southern boundary will have an upgraded frontage. Provision is made for the Plan references (including title, author and date):			
GEL Architects - 20043_1092_CRH_EPA stage 1_20210813 and GEL Architects - 20043 1092 CRH_ Stages plan + public plan_20210902			
Resource consent(s) being sought for (describe area(s) of non-compliance).			
Subdivision, land use, discharge consents to establish and operate the proposed retirement village, childcare, retail, cafe activities.			
PART B (to be completed by persons and/or organisations providing written approval)			
PART B – AFFECT	ED PERSON(S)		
Full name: ( <i>in print</i> ) Full name ( <i>in print</i> )	Boman Ali ZAKERI - Luxembourg Development Company Limite	Tick if Tick if Owner Occupier	

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Mobile:

30 Cambridge Road, Riverhead

PART B – AFF	ECTED PERSON(S) (continued)	
I have authority t	o sign on behalf of all the other: (tick one)	
ow	NER(S) OCCUPIER(S)	
of the prop	erty. Please provide documentation proving this authority.	
Please note: the	approval of all the legal owners and the occupiers of the affected property may be necessary.	
ART C (to be c	completed by persons and/or organisations providing written approval)	
PART C – DEC	LARATION	
	een given details of the proposal and plans to which I/we are giving written approval igned each page of the plans in respect of this proposal. These need to accompany this form.	
I/We unders	stand that by giving my/our written approval, the Council when considering the application cannot take account all or potential effects of the activity on my/our property.	
	e understand that at any time before the determination of the application, I/we may give notice in writing to the this approval is withdrawn.	
	Id only sign below if you fully understand the proposal. If you require the resource consent process to be an contact the Customer Service Team at the Counc I who can provide you with information.	
	W VO	
Signature(s):	Date:	
Signature(s):	Da e:	
Signature(s):	Date:	
PRIVACY INFOR	RMATION	
statistics. The co The details may public and comm	uires the information y u have provided on this form to process your application under the RMA and to collect buncil will hold and store the info mat on, including all associated reports and attachments, on a public register, also be made available to the public on the council's website. These details are collected to inform the general nunity groups about all consints which have been processed or issued through the council. If you would like to o, or correct on of any details, please contact the council.	
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