

Application for Road Naming

Thank you for making an application to name a proposed road.

Points to remember when making an application

- Please print clearly to ensure the form is easy to read.
- We will respond in writing to every application received. Please ensure that you provide appropriate contact details so that our response gets back to you.
- Your application will not be returned to you once it is lodged with Council. Please keep a copy for your reference.

Important Considerations

Please refer to the *Road Naming Policy* and *Road Naming Index* prior to making your application. These documents will be helpful when proposing road names. Both documents can be found on the Council website at www.wdc.govt.nz

How to get this application to us

| Mail to: | Attn: Administration Team Leader – Resource Consents |
|----------|--|
| | Whangarei District Council Private Bag 9023 |
| | WHANGAREI 0148 |
| | |

Fax to: 09 438 7632

Email to: <u>mailroom@wdc.govt.nz</u>

Applicant Details

| First name(s) | |
|-------------------------------------|-----------|
| Last name | |
| Postal address | |
| | |
| Best day-time phone number | Mobile |
| Email | |
| | |
| Resource Consent I | Details |
| Resource Consent application number | |
| | |
| Agent Details | |
| Name of Agent | Agent ref |
| Agent postal address | |
| Best day-time phone number | Mobile |
| Email | |



| Propose | ed Road | Name | Details |
|---------|---------|---------|---------|
| | | 1101110 | Dotano |

Please indicate whether the road is Public or Private (*box*)

Public

| Proposed road name 1 | | |
|----------------------|--|--|
| Reason | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Proposed road name 2 | | |
| Reason | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Proposed road name 3 | | |
| Reason | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please supply a scheme plan map in Black and White with Road or ROW clearly marked when submitting your application.