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30 SEP 2022

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Waipā District Plan Plan Change Submission Form

Form 5

Clause 6 of the First Schedule to the Resource Management Act 1991

Send to: Waipā District Council, Private Bag 2402, Te Awamutu 3840

Phone: 0800 924 723 | Online: www.waipadc.govt.nz/planchanges | Email: districtplan@waipadc.govt.nz

Please attach additional sheets if there is not enough space for your submissions. If you do not wish to use this form, please ensure that the same information required by this form is covered in your submission.

| COUNCIL USE ONLY | |
|------------------|--|
| Date received | |
| Document ref: | |

Note: You must fill in ALL sections of this form.
Submissions close **5pm Friday, 30 September 2022.**

| 1. Submitter details | |
|---|--------------------|
| Full name of submitter: | Teri Ellen Archer. |
| Contact name if different from above: | |
| Contact phone number(s) | [REDACTED] |
| Email address: | [REDACTED] |
| Address for service: <i>(required if no email address is provided)</i> | [REDACTED] |

We will serve all formal documents electronically via the email address provided above. Where there is no email address provided the documents will be posted to the above address.

| 2. This is a submission on the following proposed plan change to the Waipā District Plan | |
|--|--|
| Plan Change 26 – Residential Zone Intensification | |

| 3. Trade competition | | |
|----------------------|--|---|
| Select one | <input type="radio"/> I could | gain an advantage in trade competition through this submission. |
| | <input checked="" type="radio"/> I could not | |
| Select one | <input checked="" type="radio"/> I am | directly affected by an effect of the subject matter that – (a) adversely affects the environment; and (b) does not relate to trade competition or the effects of trade competition |
| | <input type="radio"/> I am not | |

| 4. Attendance at Council hearing | | |
|--|---------------------------------------|--|
| Select one | <input checked="" type="radio"/> I do | wish to be heard (attend and speak at the Council hearing) in support of my submission |
| | <input type="radio"/> I do not | |
| If others make a similar submission, I will consider presenting a joint case with them at the hearing. | | <input checked="" type="radio"/> Yes <input type="radio"/> No |



Submissions must be received by Waipā District Council
by 5pm on Friday, 30 September 2022

5. The specific provisions of the plan change my submission relates to are: (give details)

| | | | |
|------------|----------------------------------|-------------------|--|
| Select one | <input type="radio"/> | I SUPPORT | proposed Plan change 26 to the Operative Waipa District plan changes labeled A through to E. |
| | <input type="radio"/> | I SUPPORT IN PART | |
| | <input checked="" type="radio"/> | I OPPOSE | |

6. My submission is: (please include the reasons for your view)

I would not like to see this proposed change become part of the urban planning / resource management in the Waipa district, as it would adversely effect the environment, and spacial feeling we currently have in Cambridge.

We already have areas where housing intensification has been allowed which has impacted on privacy & greenspace availability for families. When mental health is a top most of mind this, I believe will only cause more anxiety & depression through these loses of space & privacy. Historically we cannot afford to lose

7. I seek the following decision/s from Council: (give precise details - e.g. what you would like the wording of a specific provision (or map) to be changed to)

I would like to see areas where historic housing and greenspace be defined as not for intensification. There has been a study done by some very qualified individuals to pin point areas of historic value and these areas/streets should be adopted by council in the resource management plan as historic so intensification can not take away or change the history of the town. We have lost so much already.

8. Signature of submitter (note: a signature is not required if you make your submission by electronic means, however please type your name below)

| | | |
|--|---|----------------|
| Signature of submitter: (or person authorised to sign on behalf of submitter) |  | Dated 30/9/22. |
|--|---|----------------|