



Notification Date:		Resource Consent Number:	U	
Consent Holder:			Mobile:	
Proposed Activity				
Start Date:		Start Time:		Duration:
Description of Activity:				
Note: The activity must be undertaken in compliance with the conditions of consent.				
Location of Activity & Access Routes:				
Person(s) Carrying out the Work:				
Extent of proposed works:				
GPS coordinates of proposed works: (NZTM)	E		N	
Name of Principle Machinery Operator/Contact on-site:			Mobile:	
Riverbed Nesting Bird Inspection				
Completed:	Yes/No (If yes, please attach report)			
Completed By		Mobile:		
Is there a Site Specific Management Plan:	Yes/No			
Downstream water permit holders notified:	Yes/No			
(If yes list water permit holders notified)				
Note: Please email completed notification forms to monitoring@marlborough.govt.nz				