



SELWYN DISTRICT COUNCIL  
P O BOX 90  
ROLLESTON 7643  
Telephone: (03) 3472 800  
Fax: (03) 3472 799

**SELWYN DISTRICT COUNCIL STOCK DROVING BYLAW 2008**  
**Application Form for Regular Stock Droving and/or Dairy Crossing Consents**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone No (HM) \_\_\_\_\_ Facsimile No: \_\_\_\_\_

Telephone No. (WK): \_\_\_\_\_ Cellphone No: \_\_\_\_\_

Email: \_\_\_\_\_

**All year** or **seasonal** crossing/droving? (circle or cross out)

Name of Head Drover: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Number of Stock: \_\_\_\_\_ Type of Stock: \_\_\_\_\_

Identification of Stock: \_\_\_\_\_ Bovine Tuberculosis Status: \_\_\_\_\_

Number of Drivers: \_\_\_\_\_ Number of Dogs: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STOCK DROVING.CROSSING DETAILS**

Description	Site 1	Site 2	Site 3
Road name(s)			
Size of herd			
Across/along road (if along, state distance in metres)			
Crossing times (am or pm)			
Droving frequency			

**Please attach a location map showing property(s) and crossing points**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Consent No: \_\_\_\_\_

Consent Approved / Declined      Approved by: \_\_\_\_\_  
(Name and Title)

Extra conditions determined by Council (in addition to the Stock Droving Bylaw 2008):

***Check List:***

- ☐ Covering Letter including the Conditions of the Permit
- ☐ Copy of Stock Droving Bylaw 2008
- ☐ Stock Droving information pamphlet
- ☐ Any additional supporting information

Notes:

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