



BUILDING CONSENT CANCELLATION REQUEST

BUILDING
CONSENT N^o:
BC _____

Private Bag 1005, Rangiora 8254 | Ph (03) 313 6136, (03) 327 6834 | Fax (03) 313 4432 | www.waimakariri.govt.nz

THE BUILDING

Street Address: _____ Legal Description: Lot: _____ DP: _____

Other: _____

THE OWNER (AS DEFINED BY THE BUILDING ACT)

Full Name(s): _____ Contact Person: _____

Mailing Address: _____

Phone: Landline: _____ Mobile: _____ Fax: _____ Email: _____

If the ownership has changed since the application was made, new evidence of ownership will need to be provided (i.e. Certificate of Title)

Please cancel my Building Consent Application in regard to the above property, as it is not my intention to proceed with the building work. I agree to pay any outstanding fees for processing the application to date, plus costs associated with the cancellation.

Signed: _____ Dated: _____

Signature of: _____ *Print name – This must be the owner*

What would you like the council to do with the documents submitted?

Dispose of the plans Return the plans *(please circle)*

If there is a refund to be made, who should the cheque be made out to:

For Office Use Only

Information to Prime Building Compliance