



# BUILDING CONSENT CANCELLATION REQUEST

BUILDING  
CONSENT N<sup>o</sup>:  
BC \_\_\_\_\_

Private Bag 1005, Rangiora 7440 | 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*

**Would you like the Council to return your plans?**  Yes  No

**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