



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

THE BUILDING

(refer to your Rates Account for details)

1. Site Address: _____

_____ Street /Road

Rapid Number: _____

(Applies to Rural Properties Only)

2. Legal description: _____

DP: _____ LOT: _____

(This could include all or any of the following:- Lot, DP, Section, Block, or Township, etc.)

Valuation Roll Number: _____

NOTE:- ONLY COMPLETE ITEMS IN SHADED PANELS THAT ARE APPLICABLE TO YOUR PROJECT.

3. Building Name: _____
(Eg. where buildings have Official Names)

4. Location of Building within Site: _____
(Only Applicable to Multi-Development Sites)

5. Number of Levels: _____ 6. Level/Unit No: _____

7. Total Floor Area for New Work Only:- _____ m²

8. Current Lawfully Established Use: *(Eg. Use on any Previous Consent for the existing building)*

9. Year Building First Constructed: _____
(Only Applicable to Existing Buildings, Approximate Date is Acceptable Eg., 1920s or 1960-1970).

THE OWNER

10. Owner's Name: _____
(Company or organizational name)

11. Contact Person: _____
(If Owner is not an Individual)

12. Mailing Address: _____

13. Street Address / Registered Office: _____

14. Phone Numbers: _____ Mobile: _____

Daytime: _____ After Hours: _____

15. Fax: _____

16. Email: _____

17. Website: _____

18. The following evidence of ownership is attached to this application, eg:

- Certificate of Title
- Sale and Purchase Agreement

AGENT / APPLICANT

(Contact Details MUST be in New Zealand)

19. Name of Agent: _____

20. Contact Person: _____

21. Mailing/Billing Address: _____

22. Street Address / Registered Office: _____

23. Phone Numbers: _____ Mobile: _____

Daytime: _____ After Hours: _____

24. Fax: _____

25. Email: _____

26. Website: _____

27. Authorisation from Agent Attached.
(Authorisation from the owner confirming authority)

28. **Note: The Agent will be the first point of contact for communications with the Council / Building Consent Authority regarding this Application / Building Work and will receive all correspondence including all invoices.**

APPLICATION & SIGNATURE

I request that you issue a certificate of acceptance for the building work described in this application.

Signed by or for and on behalf of the Applicant : _____

Owner or Agent Date: _____

Note: *if acting "for and on behalf", please read the following declaration before signing:-
"I hereby declare that I am authorised to act as Agent of the Applicant"*

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Building Work

Description of the building work:

Date building work carried out:

--

The personnel who carried out the building work are as follows:

Concreter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Joiner:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Tanking applicator:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Plasterer/textured coater:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Gasfitter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Electrician:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Plumber:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Drainlayer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Carpenter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Brick/Block layer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Deck/roof membrane applicator:
 Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Roofer:
 Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Concealed fascia installer:
 Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Others:
 Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Did the building work result in a change of use of the building? (ie Commercial, Industrial, Residential) Yes No

If yes, provide details of the new use:

Intended life of the building if less than 50 years: _____ years

List building consents previously issued for this project (if any):
[list who issues the consent, the date of issue and the consent number]

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):
[state estimated value as defined in section 7 of the Building Act 2004] \$ _____

The following plans and specifications are attached to this application:
 specifications calculations plans
 producer statement other _____ *please specify*

[all plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority]

Reasons why a certificate of acceptance is required: *[tick boxes applicable]*

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: *[explain in detail]* _____

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *[delete one of the following]*
 (a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: *[explain in detail]*

(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: *[explain in detail]*

Reasons why a certificate of acceptance is required (continued): *[tick boxes applicable]*

- The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: *[state details of name of building consent authority and building consent granted]*

Compliance Schedule

[Delete this section if this is an application for a project memorandum only]

The following specified systems are existing, being altered, added to, or removed in the course of the building work:					
	Existing	New	Altered	Added	Removed
<input type="checkbox"/> There are no specified systems in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachments

The following documents are attached to this application: *[tick boxes applicable]*

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who supervised the building work
- Investigatory Reports
- Evacuation Scheme

PROJECT INFORMATION MEMORANDUM

DO NOT complete this section if a PIM has already been issued.

The following matters are involved in the project:

- | | |
|---|--|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Alterations to land contours |
| <input type="checkbox"/> New or altered connections to public utilities | <input type="checkbox"/> New or altered locations and/or external dimensions of buildings |
| <input type="checkbox"/> New or altered access for vehicles | <input type="checkbox"/> Disposal of stormwater and/or wastewater |
| <input type="checkbox"/> Building work over or adjacent to any road or public place | <input type="checkbox"/> Other matters known to the applicant that may require authorisations from the Territorial Authority <i>[eg Planning Approvals, other Licenses]</i> <i>{specify}</i> : |
| <input type="checkbox"/> Building work over any existing drains or in close proximity to wells or water mains | _____ |
| | _____ |

EVACUATION SCHEME

An evacuation scheme may be required if:

- hazardous substances stored
 - early childcare facilities provided
 - specialised care for people with disability provided
 - specialised nursing, medical or geriatric care provided
 - people in lawful detention
 - 100 or more people gather in the venue
 - 100 or more people gather for different purposes or activities
 - there are facilities for more than 10 employees
 - accommodation is provided for more than 5 people
- (excludes household units and outbuildings)

Council use only:

Mail Desk

APPLICATION INFORMATION

A Project Information Memorandum will be issued, unless obtained separately, as if this application was for new building work. The PIM discloses information known to the Council relevant to the work as detailed in Section 35 of the Building Act 2004.

The PIM fee will be included in the charges invoiced to the applicant.

INSPECTIONS

To ascertain that building work which is closed in or covered over, complies with the building code, may require uncovering for inspection.

RESOURCE CONSENTS

Your application will be assessed by the Planning Unit of the Council to determine whether your Project complies with the relevant District Plan requirements.

CERTIFICATE OF ACCEPTANCE

Prior to issuing a certificate the Council must be satisfied, to the best of its knowledge and belief and on reasonable grounds, that, insofar as it could ascertain, the building work complies with the building code.