

BUILDING UNIT

Application for a Waiver or Modification to a Specific Clause of the Building Code

Under *The Building Act 2004, Section 67*

Please submit the Application for Waiver or Modification to a Specific Clause of the Building Code by emailing to: **buildinginfo@wmk.govt.nz**

1. The Building - Project location

Street address (street/road/township): *(for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection)*

Legal description of the land where the building is located: *(state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent)*

Lot: DP: Valuation Number: Resource Consent:

Building name: *(if applicable)*

Location of building within site: *(Only applicable to multi-development sites)*

Level/unit number to which amendment relates (if applicable):

2. The Owner - All details must be the legal owner's

Full legal name(s) of owner: *(include preferred form of address, e.g. Mr, Mrs, Ms, Miss, Dr, if an individual)*

Contact person: *(not required if the owner is an individual. Must have a New Zealand address)*

Mailing address:

Street address/Registered office: *(if different than above)*

Phone number:

Landline:

Mobile:

Daytime:

After hours:

Fax:

Email:

Website:

3. Applicant - only required when the applicant is not the owner or the agent

Full name(s) of applicant: *(e.g. leasee/tenant)*

Contact person: *(not required if the applicant is an individual)*

Mailing address:

Street address/Registered office: *(if different than above)*

Phone number:

Landline:

Mobile:

Daytime:

After hours:

Fax:

Email:

Website:

Relationship to owner: *(state details of the authorisation from the owner to make the application on the owner's behalf)*

4. Agent – Only required when the application is being made on behalf of the owner/applicant

PLEASE NOTE - *Authorisation is required from the owner of the property.*

Full name(s) of agent:

Contact person: *(not required if the applicant is an individual)*

Mailing address:

Street address/Registered office: *(if different than above)*

Phone number:

Landline:

Mobile:

Daytime:

After hours:

Fax:

Email:

Website:

Relationship to owner: *(state details of the authorisation from the owner to make the application on the owner's behalf)*

5. Application

Building consent number to which this waiver or modification relates:

Identify the specific clause of the building code to which this application for a waiver or modification has been requested:

State the reasons as to why a waiver or modification has been requested and why compliance with the building code cannot be achieved:

Application authorisation

By entering your name in the box below you are giving your authority for this application to proceed under Sections 67 of the Building Act 2004.

Full name:

Date:

I am the: Owner Applicant on behalf of, and with the authority of the owner
 Agent on behalf of, and with the authority of the owner

Important information

All the relevant information on this form is required to be provided under the *Building Act 2004* for the Waimakariri District Council to assess your application. Under this Act this information has to be made available to members of the public if requested. The information contained in this application may be made available to other units of the Council. You have the right to access the personal information held about you by the Council which can be readily retrieved. You can also request that the Council correct any personal information it holds about you.