

## PLAN IMPLEMENTATION

# Application for a Flood Assessment Certificate or Coastal Flood Assessment Certificate

## About this form

This form is used to request a Flood Assessment Certificate or Coastal Flood Assessment Certificate for all new Natural Hazard Sensitive Activities and above ground Critical Infrastructure as shown within the Natural Hazard Overlays of the Partially Operative Waimakariri District Plan.

## Important information

- Certificates are valid for three years from the date of issue.
- Under NH-S1 and NH-S2, a resource consent is required to build in high hazard areas or high hazard coastal areas within the Non-Urban Environment Flood Assessment Area. Please contact the Council at **duty.planner@wmk.govt.nz**
- If the minimum finished floor level required by the certificate differs to the minimum finished floor level required by the Building Act 2004, the highest minimum finished floor level must be met in order to obtain building consent.
- The required fee must be paid before your application will be processed (refer to the Resource Management section of the Council's Fees and Charges Schedule **waimakariri.govt.nz/services/fees-and-charges**). An invoice will be issued when this application is received, and confirmed complete.

## Site location

Physical address: \_\_\_\_\_

Legal description of the site: \_\_\_\_\_

Valuation Number (if known): \_\_\_\_\_

Building Consent reference (if applicable): \_\_\_\_\_

## Applicant details

Full name: \_\_\_\_\_

Or registered company/trust/organisation name: \_\_\_\_\_

Contact person/trustee names: \_\_\_\_\_

Postal address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## Agent (if applicable)

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## Invoicing details

All certificate-related invoices to be billed and sent to:

Applicant      Agent      Other (if other please complete below):

Company name (if applicable): \_\_\_\_\_

Contact person: \_\_\_\_\_

Postal address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## Proposal

Please describe the activity to which the application relates to, e.g. proposed residential unit:

## Attachments

Please attach the following documents. Applications that do not include all of this information will be returned as incomplete.

Indicative site plan

(NOTE: For a single urban site, this must include existing site ground levels in relation to a datum reference for the top of the kerb in the road immediately adjacent to the site. This is to be confirmed/certified by a licensed Cadastral Surveyor to a datum mark which is permanent for use during the build. The datum reference shall be in New Zealand Vertical Datum NZVD2016 format.)

For non-urban properties, a grid location and site plan may be required to show the proposed location of the building on site. This will take into account varying topography of the site and help determine whether or not the proposed structure is located within an overland flow path.

Record of Title (issued within the last three months)

Any consent notices on the Record of Title

Other relevant documents, building consent or resource consent references

## Privacy information

All the relevant information on this form is required to be provided under the Resource Management Act 1991 for the Waimakariri District Council to process your application. This information has to be made available to members of the public, including business organisations, 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.

## Declaration

I/We have completed all relevant sections of this form and understand that my/our application may be returned as incomplete if it does not include all the relevant information.

All of the information provided with this application is, to the best of my/our knowledge, true and correct. I/We understand that all information submitted as part of an application is required to be kept for public record, therefore the public (including business organisations and other areas of the Council) may view this application, once submitted. It may also be made available to the public on the Council's website.

Signature of applicant (*or person authorised to sign on behalf of applicant*): \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE NOTE:

1. A signature is not required if you submit this form electronically. By entering your name in the signature box above you are giving your authority for this application to proceed.
2. If you are signing this application on behalf of a company/trust/or other entity (the applicant), by signing this form you are declaring that you are duly authorised to sign on behalf of the applicant to make such an application.

## Lodgement

Please submit your application via either:

Waimakariri District Council  
Private Bag 1005  
Rangiora 7440

Electronic applications (up to 22MB) may be lodged via email to: **FACApplications@wmk.govt.nz**

For enquiries please phone or email:

Phone: **0800 965 468**

Email: **FFLenquiries@wmk.govt.nz**

Please refer to the Waimakariri District Council website for the fees associated with this application:  
**waimakariri.govt.nz/services/fees-and-charges**