

BUILDING UNIT

Alternative Solution Engagement Form

Please submit the Alternative Solution Engagement Form by emailing to: **buildinginfo@wmk.govt.nz**

BC No.:

Office use only—Alternative Solution

Application No.:

1. 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 numbers:

Landline:

Mobile:

Daytime:

After hours:

Fax:

Email:

Website:

2. Applicant - Required when the applicant is not the owner or the agent e.g. leasee/tenant

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

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 numbers:

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)*

3. Agent - Only required when the application is being made on behalf of the owner

PLEASE NOTE - Authorisation is required from the owner to act as agent.

Full name(s) of agent:

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

Continued over page

Mailing address:

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

Phone numbers:

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)*

PLEASE NOTE - The Agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this alternative solution.

State relevant building code clause(s) to be considered

Description of work

Confirmation of acceptance

I hereby engage Waimakariri District Council to review and assess the alternative solution for compliance with the Building Code in respect of the work detailed above. The applicant agrees to pay all fees, levies and associated costs incurred by the Council and its agents and subcontractors in processing this application. The applicant will pay the Council, its agent or subcontractor immediately upon receipt of an invoice setting out the fees, levies and costs payable for the work carried out. The applicant agrees to pay, in addition to the amounts referred to above, all collection costs incurred by the Council and its agents and subcontractors arising from the non payment of any invoice. Please complete the authorisation section below.

I wish to receive my approved documentation in the following format:

PLEASE NOTE - If hard copy, please confirm if you wish to pick it up from the Council or have it posted.

Electronically via Sharefile Transfer Portal

Hard copy: (post) or (pick-up).

Application authorisation

By entering your name in the box below you are giving your authority for this application to proceed under Sections 33 and 45 of the Building Act 2004.

Full name(s):

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.

All the relevant information on this form is required to be provided under the Building Act 2004 and Resource Management Act 1991 for the Building Unit to process your application. Under these Acts this information has to be made available to members of the public. 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 that can be readily retrieved. You can also request that the Council correct any personal information it holds about you.