



Building Services

Application for Project Information Memorandum and/or Building Consent Form 2

Section 33 or Section 45, Building Act 2004



Palmerston North City Council: Phone: 06 356 8199
Manawatu District Council: Phone 06 323 0000



The Building

Street address of building: _____

(For structures that do not have a street address, state the nearest street intersection and the distance and direction from the intersection).

District Valuation Rates (DVR) Number: _____ *(Feilding only)*

Legal description of land and where 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 number and subdivision consent)

Building Name: _____

Location of building within site/block number *(Includes nearest street access)*: _____

Number of levels: _____

(Include ground levels and any levels below ground)

Level/Unit number: _____

Total floor area: _____

(Indicate area affected by the building work if less than the total area)

Current, lawfully established, use: _____

(Include number of occupants per level and use if more than 1)

Year first constructed: _____

(Approximate date is acceptable eg: 1920's or 1960-1970)

The Owner *(All contact details must be in New Zealand)*

Name of Owner: _____ *(eg Mr, Mrs, Miss, Dr if an individual)*

Contact Person: _____ *(Insert N/A if the applicant is an individual)*

Mailing address: _____

Street address/registered office: _____

Phone numbers Landline: _____

Mobile: _____

Daytime: _____

After Hours: _____

Facsimile: _____

Email address: _____

The following evidence of ownership is attached to this application:

- Certificate of Title (Compulsory) Lease Agreement for Sale and Purchase Other document

Agent (only required if application is being made on behalf of the owner)

Name of Agent: _____

Contact Person: _____ (Insert N/A if the agent is an individual)

Street address/registered office: _____

Phone numbers

Landline: _____

Mobile: _____

Daytime: _____

After Hours: _____

Facsimile: _____

Email address: _____

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

First point of contact for communication with the council/building consent authority:

Full name: _____

Mailing Address: _____

Phone number(s): _____

Facsimile number(s): _____

Email address(es): _____

Invoice Details: (by prior arrangement only)

Contact details for copies of the inspection checklists to be sent (Please select one only):

I do not wish to receive copies Please email copies to (email address) _____

Please mail copies to: Owner Agent Other; specify name and address below

Full name: _____

Mailing Address: _____

Application

I request that you issue a: Project Information Memorandum Building Consent

for the building work described in this application. (Tick one or both as applicable)

Signature of the owner/agent on behalf of with the authority of the owner:

Signed: _____ Date: _____

Council Use Only

PIM type: _____ Receipt number: _____

Building Consent type: _____ Date received: _____

Payment option: Deposit Paid Invoice

Invoice to: _____

Initialled by Agent: _____

Project Information Memorandum

(Do not complete this section if applying for a Building Consent only)

The following matters are involved in the project: *(Tick the matters relevant to the project)*

- Subdivision
- Alterations to the land contours
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the territorial authority

Please specify: _____

Building Consent

(Do not complete this section if applying for a Project Information Memorandum only)

The following plans and specifications are attached to this application:

(All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority)

The building work will comply with the building code as follows:

(If you are not sure which clauses are applicable, talk to the building consent authority or your architect)

Clause <i>(Tick relevant clause number of building code)</i>	Means of Compliance Required <i>(Refer to the relevant compliance document(s) or detail or alternative solution in the plans and specifications; if not applicable, put N/A)</i>	Waiver/Modification <i>(State nature of waiver or modification of building code required; if not applicable, put N/A)</i>
<input type="checkbox"/> B1 Structure	_____	_____
<input type="checkbox"/> B2 Durability	_____	_____
<input type="checkbox"/> C1 Outbreak of fire	_____	_____
<input type="checkbox"/> C2 Means of escape	_____	_____
<input type="checkbox"/> C3 Spread of fire	_____	_____
<input type="checkbox"/> C4 Structural stability during fire	_____	_____
<input type="checkbox"/> D1 Access routes	_____	_____
<input type="checkbox"/> D2 Mechanical installations for access	_____	_____
<input type="checkbox"/> E1 Surface water	_____	_____
<input type="checkbox"/> E2 External moisture	_____	_____
<input type="checkbox"/> E3 Internal moisture	_____	_____

	Means of Compliance Required	Waiver/Modification
<input type="checkbox"/> F1 Hazardous agents on site	_____	_____
<input type="checkbox"/> F2 Hazardous building materials	_____	_____
<input type="checkbox"/> F3 Hazardous substances and processes	_____	_____
<input type="checkbox"/> F4 Safety from falling	_____	_____
<input type="checkbox"/> F5 Construction and demolition hazards	_____	_____
<input type="checkbox"/> F6 Lighting for emergency	_____	_____
<input type="checkbox"/> F7 Warning systems	_____	_____
<input type="checkbox"/> F8 Signs	_____	_____
<input type="checkbox"/> G1 Personal hygiene	_____	_____
<input type="checkbox"/> G2 Laundering	_____	_____
<input type="checkbox"/> G3 Food preparation and prevention of contamination	_____	_____
<input type="checkbox"/> G4 Ventilation	_____	_____
<input type="checkbox"/> G5 Interior environment	_____	_____
<input type="checkbox"/> G6 Airborne and impact sound	_____	_____
<input type="checkbox"/> G7 Natural light	_____	_____
<input type="checkbox"/> G8 Artificial light	_____	_____
<input type="checkbox"/> G9 Electricity	_____	_____
<input type="checkbox"/> G10 Piped services	_____	_____
<input type="checkbox"/> G11 Gas and energy source	_____	_____
<input type="checkbox"/> G12 Water supplies	_____	_____
<input type="checkbox"/> G13 Foul water	_____	_____
<input type="checkbox"/> G14 Industrial liquid waste	_____	_____
<input type="checkbox"/> G15 Solid waste	_____	_____
<input type="checkbox"/> HI Energy efficiency	_____	_____

Compliance Schedule

(Only applicable if this application is for a Commercial or Industrial building or a cable car)

Are there specified systems in the building Yes No

(Specified systems are defined in regulations. If you are unsure whether your building has specified systems, speak to the Council or your designer/architect.

If yes, please complete the Specified Systems form and attach it to this application.

Attachments (Tick as applicable or put N/A if there are no attachments)

The following documents are attached to this application:

Plans and specifications (please list)

- Project Information Memorandum
 Development Contribution Notice
 Certificate attached to Project Information Memorandum
 Multiproof Certificate
 Specified Systems form

Contacts

Designer/Architect

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Structural Engineer

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Engineer (Identify practice college)

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Plumber

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Builder

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Drain Layer

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Head Contractor/Site Manager

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Other

Business Name: _____
Address: _____
Mobile: _____
After Hours: _____
Facsimile: _____
Registration/Qualification _____

Privacy Information

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to regularly forward these to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whomsoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

