

# Application for Certificate of Acceptance



Section 97, Building Act 2004

## 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 that intersection]

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**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]

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**Building name:**

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**Location of building within site/block number:**

[Includes nearest street access]

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**Number of levels:**

[Include ground level and any levels below ground]

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**Level/unit number:**

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**Area:**

[Total floor area; indicate area affected by the building work if less than the total area]

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**Current, lawfully established, use:**

[Include number of occupants per level and use if more than 1]

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**Year first constructed:**

[Approximate date is acceptable eg: 1920s or 1960-1970]

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## The Owner: [All contact details must be in New Zealand.]

**Name of owner:**

[eg, Mr, Mrs, Miss, Dr if an individual]

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**Contact person:**

[Insert n/a if the applicant is an individual]

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**Mailing address:**

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**Street address/registered office:**

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**Phone numbers**

**Landline:**

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**Mobile:**

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**Daytime:**

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**After hours:**

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**Email address:**

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**Evidence of ownership is attached to this application:**

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



## Building Work

### Description of the building work:

[Provide sufficient description of building work to enable scope of work to be fully understood; continue on a separate page if necessary, or refer to an attached document setting out the description]

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Date building work carried out: \_\_\_\_\_

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

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

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

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

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

Did the building work result in a change of use of the building?  Yes  No  
If Yes, provide details of new use:

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List building consents previously issued for this project: (if any)

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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]

## Attachments

**The following documents are attached to this application:**

[All plans and specifications must meet the minimum requirements set out in the regulations or any other requirements of the building consent authority.]

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## Reasons why a certificate is required

**The owner, or the owners predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because:**

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**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 purposes of saving or protecting life or health or preventing serious damage to property as follows:** (explain in detail)

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

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**The building consent authority that granted the building consent is unable or refuse 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)

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## Compliance Schedule

**The specified systems for the building are as follows:** (tick system present)

<i>Added</i>	<i>Removed</i>	<i>Existing</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 1</b> Automatic systems for fire suppression (for example, Sprinkler systems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 2</b> Automatic and manual emergency warning systems <span style="float: right;">Fire Alarm Type:</span> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 3</b> Electromagnetic or automatic doors or windows <input type="checkbox"/> <b>SS 3 / 1:</b> Automatic doors <input type="checkbox"/> <b>SS 3 / 2:</b> Access controlled doors <input type="checkbox"/> <b>SS 3 / 3:</b> Interfaced fire or smoke doors or windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 4</b> Emergency lighting systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 5</b> Escape route pressurisation systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 6</b> Riser mains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 7</b> Automatic back-flow preventers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 8</b> Lifts, escalators, or travelators or other systems for moving people or goods within building <input type="checkbox"/> <b>SS 8 / 1:</b> Passenger carrying lifts <input type="checkbox"/> <b>SS 8 / 2:</b> Service Lifts <input type="checkbox"/> <b>SS 8 / 3:</b> Escalators and moving walks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 9</b> Mechanical ventilation or air conditioning systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 10</b> Building maintenance units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 11</b> Laboratory fume cupboards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 12</b> Audio loops or other assistive listening systems <input type="checkbox"/> <b>SS 12 / 1:</b> Audio loops <input type="checkbox"/> <b>SS 12 / 2:</b> FM radio frequency systems and infrared beam transmission systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 13</b> Smoke control systems <input type="checkbox"/> <b>SS 13 / 1:</b> Mechanical smoke control <input type="checkbox"/> <b>SS 13 / 2:</b> Natural smoke control <input type="checkbox"/> <b>SS 13 / 3:</b> Smoke curtains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 14</b> Emergency power systems for, or signs relating to, a system or feature specified in any clauses.1-13 <input type="checkbox"/> <b>SS 14 / 1:</b> Emergency power systems <input type="checkbox"/> <b>SS 14 / 2:</b> Signs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SS 15</b> Other fire safety systems and features <input type="checkbox"/> <b>SS 15 / 1:</b> Systems for communicating spoken information intended to facilitate evacuation <input type="checkbox"/> <b>SS 15 / 2:</b> Final exits <input type="checkbox"/> <b>SS 15 / 3:</b> Fire separations <input type="checkbox"/> <b>SS 15 / 4:</b> Signs for communicating information intended to facilitate evacuation <input type="checkbox"/> <b>SS 15 / 5:</b> Smoke separations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purpose Group: _____ Maximum Occupants: _____ Highest fire hazard category for building use: FHC _____	
<b>New Compliance Schedule required</b>		<i>Yes / No</i>	<b>Existing Compliance Schedule requires amending</b>	<i>Yes / No</i>
<b>Officer:</b>			<b>Signed:</b>	

## Attachments

**The following documents are attached to this application:**

[Tick as applicable or put n/a if there are no attachments.]

- Project Information Memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work.
- Energy work certificate

## Privacy Information

The information you have provided on this form is required so that your certificate of acceptance 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 NZ. 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.