

Application for Amendment to Building Consent

Section 45, Building Act 2004



Building Services

OWNER DETAILS

Name of owner: _____

Contact person: _____

Mailing address: _____

PHONE NUMBERS

Landline: _____

Mobile: _____

Facsimile: _____

Daytime: _____

Email address: _____

PROJECT DETAILS

Current PIM & Building Consent number:

PIM: _____ BC: _____

Legal description:

Lot: _____ DP: _____

Street address of building: _____

DESCRIPTION OF AMENDMENT

Plans & specifications [List]

Plans replaced [Sheet numbers]

Estimated value of the amended building work on which the building levy will be calculated

[Including goods & services tax] \$ _____

APPLICANT

Name and signature of the owner/agent on behalf of and with the authority of the owner:

Name: _____ Date: _____

Signed: _____

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 Required <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"/> C2 Prevention of fire occurring	_____	_____
<input type="checkbox"/> C3 Fire affecting areas beyond the fire source	_____	_____
<input type="checkbox"/> C4 Movement to place of safety	_____	_____
<input type="checkbox"/> C5 Access and safety for firefighting operations	_____	_____
<input type="checkbox"/> C6 Structural stability	_____	_____
<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	_____	_____
<input type="checkbox"/> F1 Hazardous agents on site	_____	_____
<input type="checkbox"/> F2 Hazardous building materials	_____	_____
<input type="checkbox"/> F3 Hazardous substances & processes	_____	_____
<input type="checkbox"/> F4 Safety from falling	_____	_____
<input type="checkbox"/> F5 Construction & 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 & prevention of contamination	_____	_____
<input type="checkbox"/> G4 Ventilation	_____	_____
<input type="checkbox"/> G5 Interior environment	_____	_____
<input type="checkbox"/> G6 Airborne & 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"/> H1 Energy efficiency	_____	_____

CONTACTS

DESIGNER/ARCHITECT

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

ENGINEER (IDENTIFY PRACTICE COLLEGE)

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

BUILDER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

HEAD CONTRACTOR/SITE MANAGER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

STRUCTURAL ENGINEER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

PLUMBER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

DRAINLAYER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

OTHER

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

After Hours: _____ Facsimile: _____

Registration/qualification: _____

PRIVACY INFORMATION

The information you have provided on this form is required so that your building consent amendment 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.

COUNCIL USE ONLY

Building consent type: _____ Receipt number: _____

Date received: _____