

# APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT



Rotorua District Council  
1061 Haupapa Street  
Private Bag 3029,  
Rotorua Mail Centre, Rotorua 3046  
Phone: 07 348 4199  
Fax: 07 349 0993  
Email [mail@rdc.govt.nz](mailto:mail@rdc.govt.nz)



Taupo District Council  
Private Bag 2005  
Taupo Mail Centre, Taupo 3352  
Phone: 07 376 0899, 8am to 5pm  
Fax: 07 378 0118  
Email: [general@taupo.govt.nz](mailto:general@taupo.govt.nz)



Whakatane District Council  
14 Commerce St  
Private Bag 1002  
Whakatane 3158, New Zealand  
Phone: 07 306 0500  
Fax: 07 307 0718



South Waikato District Council  
Tokoroa Office  
Torphin Crescent, Tokoroa  
Private Bag 7, Tokoroa 3444  
Phone: 07 885-0340  
Fax: 07 885-0718



Kawerau District Council  
Ranfurlly Court  
Private Bag, Kawerau 3169  
Phone: 07 306 9009  
A/Hours: 07 306 9009  
Fax: 07 323 8072  
Email: [kaweraudc@kaweraudc.govt.nz](mailto:kaweraudc@kaweraudc.govt.nz)



Opotiki District Council  
108 St. John Street  
PO Box 44, Opotiki 3122  
Phone: 07 315 3030  
Fax: 07 315 7050  
Email: [info@odc.govt.nz](mailto:info@odc.govt.nz)

PIM / APPLICATION No. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

SITE FILE No. \_\_\_\_\_

# Form 2

## APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT

Section 33 or Section 45, 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]*

Legal description of land 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 numbers and subdivision consent]*

Subdivision Consent (if applicable) \_\_\_\_\_  
Valuation No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
DPS \_\_\_\_\_ Section \_\_\_\_\_  
Block \_\_\_\_\_ Survey District \_\_\_\_\_

Building name: \_\_\_\_\_

Location of building within site/block number: \_\_\_\_\_  
*[include nearest street access]*

Number of levels: \_\_\_\_\_  
*[include ground level and any levels belowground]*

Level/unit number: \_\_\_\_\_ Area: \_\_\_\_\_ m<sup>2</sup>  
*[insert level/unit number if applicable]* *[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 per use if more than 1]*

Year first constructed: \_\_\_\_\_ Expected completion date: \_\_\_\_\_  
*[insert year, approximate date is acceptable e.g: c1920s or 1960-1970]* *[insert month year]*

### OFFICE USE ONLY

**Administratively Complete**  
Cost Category \_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

**VETTED**  
**Complete / Incomplete / Exempt**  
Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

## THE OWNER

Name of owner:

*[include preferred form of address, eg, Mr, Miss, Dr, if an individual]*

Contact person:

*[insert mailing address]*

Street address/registered office:

*[insert street address/registered office]*

Phone numbers: \_\_\_\_\_

Landline: \_\_\_\_\_ Daytime: \_\_\_\_\_

Mobile: \_\_\_\_\_ After Hours: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

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

Website:

*[website address if applicable]*

The following evidence of ownership attached to this application:

*[current copy of Certificate of Title less than 6 months old, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of building]*

## AGENT

Name of agent:

*[include preferred form of address, eg, Mr, Miss, Dr, if an individual]*

Contact person:

*[insert contact name]*

Mailing Address:

*[insert mailing address]*

Street address/registered office:

*[insert street address/registered office]*

Phone numbers: \_\_\_\_\_

Landline: \_\_\_\_\_ Daytime: \_\_\_\_\_

Mobile: \_\_\_\_\_ After Hours: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

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

Website: \_\_\_\_\_

*[website address if applicable]*

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 communications with the council/building consent authority:  
*[all invoices and refunds related to this application will be directed to this person in all instances ]*

## APPLICATION

I request that you issue a †[project information memorandum/project information memorandum and building consent/building consent] *[delete which is not applicable]* for the building work described in this application

If you do not want information contained in this application to be made available for purposes of marketing please tick the box   
Signature of *[owner/agent on behalf of and with the authority of the owner]*

Date: \_\_\_\_\_

A separate vetting check sheet has been completed and attached by the Applicant. *[compulsory]*  
Available from council or online at council web page.

## To be completed in lieu of Authorisation Letter

I, \_\_\_\_\_ as owner of the above property,  
authorise \_\_\_\_\_ to act as my agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THE PROJECT

Description of the building work:  
*[provide sufficient description of building work to enable scope of work to be fully understood]*

Will the building work result in a change of use of the building?

Yes  No  *[if in doubt, please check information brochure]*

If Yes, provide details of the new use:  
*[provide description of new use]*

List building consents previously issued for this project (if any):  
*[list who issued the consent, the date of issue and the consent number]*

Intended life of the building if less than 50 years: \_\_\_\_\_

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]*

\$ \_\_\_\_\_

Number of Toilet Pans: \_\_\_\_\_  
(Commercial properties only)

## PROJECT INFORMATION MEMORANDUM

The following matters are involved in the project

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

## BUILDING CONSENT

The following plans and specifications are attached to this application:


The building work will comply with the building code as follows: *[Delete this section if this is an application for a PIM only]*

Clause <i>[which of the following clauses will be involved in the proposed building work?]</i>	Means of compliance <i>[refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications]</i>	Proposed inspections <i>[state means of inspection. Note PS4 or certification may be required]</i>
<input checked="" type="checkbox"/> Applicable <input checked="" type="checkbox"/> Not Applicable		
<input type="checkbox"/> B1   Structure	<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> AS/NZS1170 <input type="checkbox"/> NZS 4229 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> B2   Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101 <input type="checkbox"/> NZS 3602 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> C1-4   Fire	<input type="checkbox"/> C1/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> D1   Access Routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> D2   Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4332 <input type="checkbox"/> EN 81 <input type="checkbox"/> EN 115 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> E1   Surface Water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> E2   External Moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design & testing	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> E3   Internal Moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F1   Hazardous Agents on Site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F2   Hazardous Building Materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F3   Hazardous Substances and Processes	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i> <input type="checkbox"/> NZS 3604 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F4   Safety from Falling	<input type="checkbox"/> F4/AS1   FSP Act <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F5   Construction and Demolition Hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F6   Lighting for Emergency	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other _____ <i>[Specify]</i>	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>

The building work will comply with the building code as follows: [Continued]

Clause	Means of compliance	Proposed inspections
<input type="checkbox"/> F7 Warning Systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS 1668 <input type="checkbox"/> NZS 4512 <input type="checkbox"/> NZS 4515 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G1 Personal Hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS/NZS 1668.2 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G6 Airborne & Impact Sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G7 Natural Light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G8 Artificial Light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS 6703 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G10 Piped Services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS 5261 <input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G12 Water Supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS 3500.1 <input type="checkbox"/> AS/NZS 3500.4 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G13 Foul Water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS 3500.2 BS 5572 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G14 Industrial Liquid Waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G15 Solid Waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> H1 Energy Efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS 4218 <input type="checkbox"/> NZS 4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS 4214 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]

**WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:**

Supporting documentation attached as follows *[please list]*

**COMPLIANCE SCHEDULE**

The specified systems for the building are as follows: *[specified systems are defined in regulations]*

Any system installed from below to be accompanied by procedures for inspection and routine maintenance. **[Council to vet and verify in first column.]**

There are no specified systems in the building

**COUNCIL**

**Applicant to complete**

Existing    New    Altered    Added    Removed

**Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007**

ss1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss2	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss3	Electromagnetic or automatic doors and windows							
	ss3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss3/2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss7	Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss8	Lifts, escalators, travelators, or other systems for moving people or goods within buildings							
	ss8/1 Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss8/2 Services lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss8/3 Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss12	Audio loops or other assistive listening systems							
	ss12/1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss12/2 FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss13	Smoke control systems							
	ss13/1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss13/2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss13/3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss14	Emergency power systems for a system or feature specified in any of specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss14/1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPLIANCE SCHEDULE [Continued]**

		COUNCIL	Existing	New	Altered	Added	Removed
ss15	Other fire safety systems of features						
*	ss15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	ss15/2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	ss15/3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	ss15/4 Signs for communicating information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	ss15/5 Smoke separations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss16	Cable cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Only include where one or more of ss1 - 6, 9 or 13 are included.

**ATTACHMENTS**

The following documents are attached to this application:

- Certificate attached to project information memorandum
- Plans and specifications *[list]* \_\_\_\_\_
- Project information memorandum
- Development contribution notice.

**BUILDING PRACTITIONERS**

**Builder:**

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

**Designer/Architect:**

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

**Structural Engineer:**

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

**Engineer (identify practice college):**

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

## BUILDING PRACTITIONERS

### Head Contractor/Site Manager/Site Lead

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

### Plumber/Gas Fitter:

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

### Drainlayer:

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

### Electrician:

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

### Other:

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

### Other:

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

### Other:

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

### Other:

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

# COUNCIL USE ONLY

## ESTIMATED TOTAL VALUE OF WORK

\$ \_\_\_\_\_ GST inclusive      Project floor area \_\_\_\_\_ m<sup>2</sup>

### FEE PAYABLE

#### Consent deposit

Project Information Memorandum \$ \_\_\_\_\_

Building Administration \$ \_\_\_\_\_

Technical Processing \$ \_\_\_\_\_

Industry Levy (DBH) \$ \_\_\_\_\_

Industry Levy (BRANZ) \$ \_\_\_\_\_

Developmental Contribution

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Certificate of Title \$ \_\_\_\_\_

Producer Statements \$ \_\_\_\_\_

Compliance Schedules \$ \_\_\_\_\_

Rural Number \$ \_\_\_\_\_

Vehicle Crossing \$ \_\_\_\_\_

Street Damage \$ \_\_\_\_\_

Water Connection \$ \_\_\_\_\_

Sewer Connection \$ \_\_\_\_\_

Other(s) \$ \_\_\_\_\_

**Total consent deposit \$ \_\_\_\_\_**

Inspections \$ \_\_\_\_\_

Processing \_\_\_\_\_

Peer Review \_\_\_\_\_

N Z F S \_\_\_\_\_

**Total balance payable \$ \_\_\_\_\_**

Lodgement deposit \$ \_\_\_\_\_

Date paid \_\_\_\_\_

Receipt No. \_\_\_\_\_

Consent fee balance \$ \_\_\_\_\_

Date paid \_\_\_\_\_

Receipt No. \_\_\_\_\_

Granted by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Issued by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete

Forward any refunds or further invoices to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_