

Application for extension of time to commence building work

Requested under section 52 of the Building Act 2004



THE BUILDING

Building consent number:	<input type="text"/>	Date Issued:	<input type="text"/>
Street address of building:	<input type="text"/>		
Legal description of land where building is located:	<input type="text"/>		

THE OWNER

Name of owner: <i>(Include preferred form of address e.g. Mr, Miss, Dr if an individual)</i>	<input type="text"/>		
Mailing address:	<input type="text"/>	Postcode:	<input type="text"/>
Phone number: Work	<input type="text"/>	After hours:	<input type="text"/>
Facsimile number:	<input type="text"/>	Mobile:	<input type="text"/>
Email address:	<input type="text"/>		

CONTACT PERSON (if different from above)

Name of contact:	<input type="text"/>		
Mailing address:	<input type="text"/>	Postcode:	<input type="text"/>
Phone number: Work	<input type="text"/>	After hours:	<input type="text"/>
Facsimile number:	<input type="text"/>	Mobile:	<input type="text"/>
Email address:	<input type="text"/>		

EXTENSIONS OF TIME AFFECTING CLAIMS

All extensions of time affecting claims or re-clad work must be approved by the Reclad Team

Does application involve re-clad work?

Yes

No

Is application subject to a claim under the FAP scheme?

Yes

No

EXTENSION OF TIME TO COMMENCE WORK (section 52 of the Building Act 2004)

Please explain why an extension is required to commence work; note extensions are considered on a case-by-case basis for a maximum period of 12 months. (Attach letter if insufficient space to record reasons)

When do you expect the building work to commence?

WHAT THE BUILDING ACT 2004 SAYS

s.52 A building consent **lapses and is of no effect** if the building work to which it relates **does not commence** within:-

- 12 months after the date of issue of the building consent; or
- Any further period that the building consent authority may allow

Please note:

1. The application for an extension **must** be made **before** the building consent lapses.
2. Council will permit one extension of time for a **maximum** period of 12 months; no further extensions of time will be granted.

BILLING

All consent related invoices / refunds to be billed to:

Owner:

Agent:

Applicant

Preferred method of billing:

Email:

Post:

Purchase order / Reference number: (if applicable)

Please note: any refunds are paid to the receipted name unless written authorisation has been received from the receipted person or company stating otherwise

SIGNATURE

Signature:

Owner:

Agent:

Date:

Name:

If you are signing this application on behalf of a company/trust/other entity (the agent), you are declaring that you are duly authorised to sign on behalf of the owner to make this application

COUNCIL USE ONLY (tick box as applicable)

If application relates to reclad or FAP scheme, extension of time must be approved by Reclad team

Extension of time to commence building work	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Have there been any changes to the Building Code or legislation, which affect this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is a certificate for public use required? (Commercial only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are there any other safety issues or concerns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is a site visit required to verify details?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Revised commencement date	<input type="text"/>		

Reason for decision:

Approving officers name:

Date:

Date application extended to:

Clock adjusted:

 YES N/A

Admin officers name:

Date:

Date applicant advised:

Receipt No: