

# Application for code compliance certificate

Section 92, Building Act 2004



## THE BUILDING CONSENT

Building consent N°:	<input type="text"/>	Date granted:	<input type="text"/>
Street address of building:	<input type="text"/>		
Issued by:	Auckland Council	Current lawfully established use:	<input type="text"/>

## THE COMPLIANCE SCHEDULE *(only complete this section if the building has had specified systems installed or removed)*

Purpose group:	<input type="text"/>	Occupancy N°:	<input type="text"/>	Highest fire hazard category:	<input type="text"/>
Compliance schedule:	<input type="checkbox"/> New <input type="checkbox"/> Amendment	Ex. compliance schedule N°:	<input type="text"/>	Year first constructed:	<input type="text"/>

## OWNER DETAILS *(must be completed in full in all cases)*

Owners name: <i>(Include preferred form of address if an individual)</i>	<input type="text"/>				
Mailing address:	<input type="text"/>			Postcode:	<input type="text"/>
Street address / registered office:	<input type="text"/>			Postcode:	<input type="text"/>
Business phone:	<input type="text"/>	After hours:	<input type="text"/>		
Facsimile number:	<input type="text"/>	Mobile:	<input type="text"/>		
Email address:	<input type="text"/>				

Evidence of ownership attached to the application (e.g. copy of certificate of title, lease agreement, agreement for sale and purchase or other document showing full name of legal owners of the building. Note only required if ownership has changed since the application for building consent was made: Ownership changed:  Yes  No

## AGENT *(only required if application is being made on behalf of the owner)*

Contact person:	<input type="text"/>				
Mailing address:	<input type="text"/>			Postcode:	<input type="text"/>
Business phone:	<input type="text"/>	After hours:	<input type="text"/>		
Facsimile number:	<input type="text"/>	Mobile:	<input type="text"/>		
Email address:	<input type="text"/>				
Relationship to owner:	<input type="text"/>				

**Note:** written authorisation must be provided where an application is made by an agent on behalf of an owner

**FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH COUNCIL** *(must be in New Zealand)*

Full name:

Mailing address:

Postcode:

Business phone:

Mobile:

Facsimile number:

Email address:

**THE LICENSED BUILDING PRACTITIONERS (LBP) WHO CARRIED OUT OR SUPERVISED THE RESTRICTED BUILDING WORK ARE AS FOLLOWS, CONTINUE ON ANOTHER PAGE IF NECESSARY** *(applies as of 1 March 2012)*

Name	Licensing class	LBP or Registration number if licensed under s.291 of Act	Particular work carried out or supervised

**THE PERSONNEL WHO CARRIED OUT THE BUILDING WORK OTHER THAN RESTRICTED BUILDING WORK ARE AS FOLLOWS** *[list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers]*

Designer or Architect		Structural Engineer	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	

  

Head Contractor / Site Manager		Building / Carpentry work	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
LBP Registration No:		LBP Registration No:	

**THE PERSONNEL WHO CARRIED OUT THE BUILDING WORK OTHER THAN RESTRICTED BUILDING WORK ARE AS FOLLOWS** [list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers]

<b>Drain layer</b>		<b>Plumber</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	After hours:	
Mobile:	Mobile:	Fax:	
Registration No.:		Registration No.:	

<b>Electrician</b>		<b>Gas Fitter</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours
Mobile:	Fax:	Mobile:	Fax:
Registration No:		Registration No:	

<b>Foundation work</b>		<b>Bricklaying</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours
Mobile:	Fax:	Mobile:	Fax:
LBP Registration No:		LBP Registration No:	

<b>Blocklaying</b>		<b>External plastering</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours
Mobile:	Fax:	Mobile:	Fax:
LBP Registration No.:		LBP Registration No.:	

<b>Roofing work</b>		<b>Other</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours
Mobile:	Fax:	Mobile:	Fax:
LBP Registration No.:		LBP Registration No.:	

**THE BUILDING CONTAINS THE FOLLOWING SPECIFIED SYSTEMS:**

*(Only complete this section if the buildings has had specified systems installed or removed during construction)*

Tick as applicable

**No systems have been installed**

**1 Automatic systems for fire suppression**

1.1 Automatic sprinkler systems

1.2 Gas and foam flood or deluge system, dry and wet chemical extinguishing systems

**2 Automatic or manual emergency warning systems for fire or other dangers**

2.1. Automatic or manual emergency warning systems

Fire alarm type:

2.2. Automatic gas detection systems

**3 Electromagnetic or automatic doors or windows**

3.1 Automatic doors (sliding/revolving/panic)

3.2 Access controlled doors (swipe card / key pad / sensor / delayed egress)

3.3 Interfaced fire or smoke doors or windows (electromagnetic door holders)

**4 Emergency lighting systems**

**5 Escape route pressurisation**

Specify location of control panel:

**6 Riser mains for fire service use**

Physical location of the riser, point of entry for fire service, etc:

**7 Any automatic back-flow preventer connected to a potable water supply**

Type of device and location (testable device)

**8 Lifts, escalators or travelators or other systems for moving people or goods within buildings**

Specify number of lifts and location:

8.1 Passenger carrying lift

8.2 Goods lift

8.3 Escalators and moving walks

**9 Mechanical ventilation or air conditioning system**

Cooling tower installed:  Yes  No

**10 Building maintenance units for providing access to the exterior and interior walls of buildings**

**11 Laboratory fume cupboards**

Specify number of cupboards and location:

**12 Audio loops or other assistive listening systems**

12.1 Audio loop

12.2 FM radio-frequency systems and infrared beam transmission systems

**13 Smoke control systems**

13.1 Mechanical smoke control

13.2 Natural smoke control

13.3 Smoke curtains

**14 Emergency power systems / signs for systems 1 - 13**

14.1 Emergency power system

14.2 Signs for systems 1 - 13

