

Application for an amendment to a compliance schedule

Section 100, Building Act 2004 (Form 11)



APPLICATION DETAILS

Building consent N°:		Date:	
Certificate of Acceptance N°:		Certificate for public use N°:	

THE BUILDING

Street address of building:			
Legal description of land where building is located:			
Location of building within site/block N°: <i>(include nearest street access)</i>		Building name:	
Number of levels: <i>(include ground level and any levels below ground)</i>		Level or unit N°:	
Current, lawfully established, use: <i>(include number uses if >1)</i>			
Total occupant N°:		Occupants per level:	
Highest fire hazard category:		Purpose group:	
		Year first constructed:	

OWNER DETAILS *(must be provided)*

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

FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH COUNCIL

Full name:			
Mailing address:		Postcode:	
Phone number:		Mobile:	
Facsimile number:		Email address:	

APPLICATION**I request an amendment to an existing compliance schedule***Note if applying for a new compliance schedule, please use AC2130 Commercial application for a project information memorandum and/or building consent)*

Existing compliance schedule N°:

Please identify which specified systems have been added, altered or removed during construction

Specified system	Tick as applicable			Consent N°:	State reason why amendment is required
	Add	Alt	Remove		

LOCATION OF COMPLIANCE SCHEDULE**Important note:** *The compliance schedule must be kept in a location agreed to between Auckland Council and the Owner.*

The compliance schedule and the written reports obtained in accordance with the compliance schedule are to be kept at:

BILLING

All related invoices/refunds to be billed and posted to:

Owner:

Agent:

SIGNATORY

Owner / agent signature:

Date:

Print name:

IQP N°:
(if agent IQP)

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

OFFICE ONLY USE

Receipt No:	
Deposit \$:	
CS No:	
Date:	

Processing Office		
<input type="checkbox"/> Central	<input type="checkbox"/> Henderson	<input type="checkbox"/> Orewa
<input type="checkbox"/> Papakura	<input type="checkbox"/> Pukekohe	<input type="checkbox"/> Takapuna
<input type="checkbox"/> Manukau	<input type="checkbox"/> MBC	<input type="checkbox"/> Compass