

Application for building code certificate

(Sections 9, 31 and 55, Sale of Liquor Act 1989)



For office use
Receipt No: _____
Deposit: \$ _____
Date: _____
Application No: _____

Location of building (please tick)

To: Central Henderson Manukau Orewa Papakura Pukekohe Takapuna

THE BUILDING

Street address: (for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection)

Postcode: _____

Legal description of land where building is located:

Lot: _____

DP: _____

Parcel: _____

Valuation No:
(please provide if you are able) _____

State the proposed use of the premises: (tick)

Shop Motel Hotel Cabaret Restaurant
 Club Other (please specify) _____

Which licence are you applying for: (tick)

On-licence

Off-licence

Club-licence

If there is an existing on-licence, please state the general nature of the business:

On licence: _____

If there is an existing off-licence, please state type:

Off licence: _____

Existing name of the premises:

Proposed name of the premises:

If these premises were not previously licensed, please state previous use, (eg warehouse, retail, office or residential):

Proposed use of the premises: (eg hotel, tavern, restaurant, club)

Proposed days and hours of trading under the liquor licence:

The premises are located in an existing building that will: *(please tick one box)*

<input type="checkbox"/>	Not have a change of use
<input type="checkbox"/>	Have a change of use and therefore requires a building consent
<input type="checkbox"/>	Require an upgrade or at present is under building alteration
<input type="checkbox"/>	Change of owner
<input type="checkbox"/>	Change of hours of licence
<input type="checkbox"/>	Is a new building. Building consent number BLD: <input type="text"/>
<input type="checkbox"/>	Permitted occupancy number with supporting document, i.e. fire report: <input type="text"/>

Current BWOFF No.: Expiry date:

APPLICANT'S DETAILS *(all fields are mandatory)*

Dr Mr Mrs Miss Ms Other *(please specify)*

First name in full:

Middle name(s): Surname:

If applying on behalf of a company or trust, please supply full company or trust name, list trustee(s) and contact address(es):

Street address: Postcode:

Suburb: Town/city:

Postal address if different from above: Postcode:

Phone *(home)*: *(work)*: *(mobile)*:

Email:

SUPPORTING DOCUMENTS NEEDED

<input type="checkbox"/>	Full floor plan.
<input type="checkbox"/>	Locality plan showing premises in relation to the whole site or building <i>(if applicable)</i> .
<input type="checkbox"/>	Floor plan showing all fire egresses including termination of those and access route(s).
<input type="checkbox"/>	Plan showing location of facilities for people with disabilities and access routes(s).
<input type="checkbox"/>	Authorisation letter from property owner if the applicant does not own the premises.
<input type="checkbox"/>	Fire report.

DECLARATION AND SIGNATURE

I hereby apply for a certificate that my premises comply with the building code requirements. This application is made to comply with the provisions of the Sale of Liquor Act 1989 section 9(1)(e), section 31(1)(e) or section 55(1)(e).

Signature of applicant:

Date:

Print Name:

Please specify capacity in which application was signed:

This application form, together with the prescribed fee and all supporting documentation must be lodged to Council at the appropriate address.

IMPORTANT PRIVACY INFORMATION

If you would like to request access to, or correction of, your details, please contact the Council.