Application for an amendment to a compliance schedule





APPLICATION DETAILS					
Compliance Schedule No:					
THE BUILDING					
Street address of building:					
Legal description of land where building is located:					
Building name:					
Location of building within site/block No: (include nearest street access)		Level / Unit Nº:			
No of occupants per level, and per use if more than 1					
Current, lawfully established, use: (include number uses if >1)					
THE OWNER					
Name of owner: (Include preferred form of address e.g. Mr, Miss, Dr if an individual)					
Contact person: (Insert n/a if the applicant is an individual)					
Mailing address:		Postcode:			
Street address/registered office:					
Phone number: Work	After hours:				
Facsimile number:	Mobile:				
Email address:	Website:				
The following evidence of ownership is attached to this application: Record of Title Lease agreement Sale & Purchase agreement Other document showing full name of legal owners of the building					
AGENT (only required if a	pplication is being made on behalf of the owner)				
Name of agent:					
Contact person:					
Mailing address:		Postcode:			

AGENT (only requir	red if application is being made on b	ehalf of the owner)					
Street address / registered office:							
Phone number: Work	ζ	Afte hours					
Facsimile number:		Mobile	:				
Email address:		Website	:				
Relationship to owner: (supply details of authorisation from the owner to make the application on the owner's behalf)							
BILLING							
All related invoices/re	Owner:	Agent	App	licant:			
Preferred method of		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							
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							
APPLICATION							
I request that the compliance schedule for the above building be amended as follows Please attach a completed Specified system form (AC2109a) for each relevant specified system							
Specified system	Amendment	State reason w	State reason why amendment is required		AC2109a attached		

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:

ATTACHMENTS

Copy of existing compliance schedule

Evidence of ownership

Specified system form (AC2109a) for each relevant specified system

Email completed form to: complianceschedules@aucklandcouncil.govt.nz