

# Residential application for a project information memorandum and/or building consent

Section 33 or section 45, Building Act 2004



Date received: \_\_\_\_\_

Application No: \_\_\_\_\_

## APPLICATION TYPE *(tick appropriately)*

As applicable; if you have an existing application relating to this building work, note the number beside the application type:

|   |
|---|
| <input type="checkbox"/> Project information memorandum (PIM)           |
| <input type="checkbox"/> Building consent (BC)                          |
| <input type="checkbox"/> Stage _____ of intended _____ stages           |
| <input type="checkbox"/> Amendment to building consent N <sup>o</sup> : |
| <input type="checkbox"/> National multi-use approval No:                |

As applicable RBW = Restricted building work  
FAP = Financial assistance package applicable

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Does application involve RBW                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a re-clad application                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a pre-application meeting been held                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this application subject to a claim under the FAP scheme | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, FAP claim number:                                   |                              |                             |

## THE BUILDING

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

Legal description of land where building is located: *(state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent)*

Building name:  Location of building within site/block number:   
*(include nearest street access)*

Number of levels: *(include ground level and any levels below ground)*  Level or unit number:

Current, lawfully established, use: *(include number of occupants per level and per use if more than 1)*

Area: *(total floor area; indicate area affected by the building work if less than the total floor area)*  m<sup>2</sup> Year first constructed:

## 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: Daytime  After hours:

Facsimile number:  Mobile:

Email address:  Website:

The follow evidence of ownership is attached to this application  Certificate of Title  Lease agreement  
 Sale & Purchase agreement  Other document showing full name of legal owners of the building

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

Name of agent:

Contact person:

Mailing address:  Postcode:

Street address / registered office:

Phone number: Daytime  After 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)

**THE APPLICANT** (only required where sale and purchase agreement in place or certificate of title has not been issued)

Name of applicant: (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: Daytime  After 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)

**FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH COUNCIL / BUILDING CONSENT AUTHORITY**

Full name:

Mailing address:  Postcode:

Phone number:  Mobile:

Facsimile number:  Email address:

Preferred method of correspondence: Email:  Post:

**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:  Applicant:   
 Name:  Date:

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

**THE PROJECT**

Description of the building work:

|                                    |  |  |  |
|------------------------------------|--|--|--|
| HOUSING                            | <input type="checkbox"/> Detached dwelling | <input type="checkbox"/> Multi-unit dwelling | <input type="checkbox"/> Group dwelling  |
| Current, lawfully established use: | ANCILLARY                                  | <input type="checkbox"/> Outdoor fire        | <input type="checkbox"/> Retaining wall <input type="checkbox"/> _____                       |
|                                    | OUTBUILDINGS                               | <input type="checkbox"/> Carport             | <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> _____ |

Will the building work result in a change of use?  Yes  No

If yes, provide details of new use:

Estimated total value of building work for **this** application, (building consent or amendment) including goods and services tax \$

Stage:  of an intended:  stages

Intended life of new building (if less than 50 years):  number of years

**LIST OF OTHER APPROVALS GAINED** (please provide details)

| APPROVAL   | REFERENCE NUMBER | DETAILS |
|--|------------------|---------|
| Building consents previously issued for this project: (if any) |                  |         |
| Resource consent   |                  |         |
| Engineering approval   |                  |         |
| Certificate of Acceptance                                      |                  |         |
| Other  |                  |         |

**PROJECT INFORMATION MEMORANDUM** (the following matters are involved in the project)

|  |   |
|--|---|
| <input type="checkbox"/> Subdivision   | <input type="checkbox"/> New or altered access for vehicles   |
| <input type="checkbox"/> Alterations to land contours  | <input type="checkbox"/> Building work over or adjacent to any road or public place                                     |
| <input type="checkbox"/> New or altered connections to public utilities  | <input type="checkbox"/> Disposal of stormwater or wastewater   |
| <input type="checkbox"/> New or altered locations and/or external dimensions of buildings  | <input type="checkbox"/> Building work over any existing drains or sewers or in close proximity to wells or water mains |
| <input type="checkbox"/> Other matters known to the applicant that may require authorisations from the Building Consent Authority, please specify: |   |
| <input type="text"/>   |   |

**ATTACHMENTS** (the following documents are attached to this application)

- |   |  |
|---|--|
| <input type="checkbox"/> Plans and specifications                               | <input type="checkbox"/> Development contribution notice   |
| <input type="checkbox"/> Project information memorandum                         | <input type="checkbox"/> Completed relevant checklist(s)   |
| <input type="checkbox"/> Certificate attached to project information memorandum | <input type="checkbox"/> Memoranda from Licensed Building Practitioner(s) who carried out or supervised any design work that is restricted building work |

**MEANS OF COMPLIANCE** (the building work will comply with the building code as follows)

| Clause (involved in the proposed building work)                           | Means of compliance (refer to compliance documents) or detail of alternative solution in the plans or specifications  | Clause (involved in the proposed building work)            | Means of compliance (refer to compliance documents) or detail of alternative solution in the plans or specifications   |
|---|---|--|--|
| <b>B1 Structure</b>   | <input type="checkbox"/> B1/AS1 <input type="checkbox"/> NZS 3604<br><input type="checkbox"/> NZS 4229 <input type="checkbox"/> AS/NZS 1170<br><input type="checkbox"/> Other _____   | <b>G1 Personal hygiene</b>                                 | <input type="checkbox"/> G1/AS1<br><input type="checkbox"/> Other _____  |
| <b>B2 Durability</b>  | <input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101<br><input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 3602<br><input type="checkbox"/> Other _____  | <b>G2 Laundering</b>                                       | <input type="checkbox"/> G2/AS1<br><input type="checkbox"/> Other _____  |
| <b>C1-C6 Protection from Fire</b>   | <input type="checkbox"/> C/AS1-7<br><input type="checkbox"/> C/VM2<br><input type="checkbox"/> Specific design  | <b>G3 Food preparation and prevention of contamination</b> | <input type="checkbox"/> G3/AS1<br><input type="checkbox"/> Other _____  |
| <b>D1 Access Routes</b>   | <input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121<br><input type="checkbox"/> Other _____   | <b>G4 Ventilation</b>                                      | <input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS 1668.2<br><input type="checkbox"/> NZS 4303 <input type="checkbox"/> AS/NZS 3666.1&2<br><input type="checkbox"/> Other _____                                       |
| <b>D2 Mechanical installations for access</b>                             | <input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4121<br><input type="checkbox"/> NZS 4332 <input type="checkbox"/> NZS 4334<br><input type="checkbox"/> Other _____  | <b>G5 Interior environment</b>                             | <input type="checkbox"/> G5/AS1 <input type="checkbox"/> NZS 4214<br><input type="checkbox"/> NZS 4121<br><input type="checkbox"/> Other _____   |
| <b>E1 Surface water</b>   | <input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/VM1<br><input type="checkbox"/> Other _____   | <b>G6 Airborne and impact sound</b>                        | <input type="checkbox"/> G6/AS1<br><input type="checkbox"/> Other _____  |
| <b>E2 External moisture</b>   | <input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3<br><input type="checkbox"/> E2/VM1 <input type="checkbox"/> AS/NZS 4284<br><input type="checkbox"/> Specific design (Façade Engineer)<br><input type="checkbox"/> Other _____ | <b>G7 Natural light</b>                                    | <input type="checkbox"/> G7/AS1 <input type="checkbox"/> NZS 6703<br><input type="checkbox"/> Other _____  |
| <b>E3 Internal moisture</b>   | <input type="checkbox"/> E3/AS1 <input type="checkbox"/> NZS 4214<br><input type="checkbox"/> Other _____   | <b>G8 Artificial light</b>                                 | <input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS 6703<br><input type="checkbox"/> Other _____  |
| <b>F1 Hazardous agents on site</b>  | <input type="checkbox"/> F1/AS1<br><input type="checkbox"/> Other _____   | <b>G9 Electricity</b>                                      | <input type="checkbox"/> G9/AS1 <input type="checkbox"/> AS/NZS 3000<br><input type="checkbox"/> Other _____   |
| <b>F2 Hazardous building materials</b>                                    | <input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223.3<br><input type="checkbox"/> Other _____   | <b>G10 Piped services</b>                                  | <input type="checkbox"/> G10/AS1 <input type="checkbox"/> 3501<br><input type="checkbox"/> NZS 7646 <input type="checkbox"/> AS/NZS 5601.1<br><input type="checkbox"/> Other _____   |
| <b>F3 Hazardous substances</b>  | <input type="checkbox"/> F3/VM1<br><input type="checkbox"/> Hazardous Substances and New Organisms Act 1996<br><input type="checkbox"/> Other _____   | <b>G11 Gas as an energy source</b>                         | <input type="checkbox"/> G11/AS1 <input type="checkbox"/> AS/NZS 5601.1<br><input type="checkbox"/> Other _____  |
| <b>F4 Safety from falling</b>   | <input type="checkbox"/> F4/AS1<br><input type="checkbox"/> Fencing of Swimming Pools Act 1987<br><input type="checkbox"/> Other _____  | <b>G12 Water supplies</b>                                  | <input type="checkbox"/> G12/AS1<br><input type="checkbox"/> AS/NZS 3500.1<br><input type="checkbox"/> Other _____   |
| <b>F5 Construction and demolition hazards</b>                             | <input type="checkbox"/> F5/AS1<br><input type="checkbox"/> Other _____   | <b>G13 Foul water</b>                                      | <input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2<br><input type="checkbox"/> G13/AS3 <input type="checkbox"/> AS/NZS 3500.2<br><input type="checkbox"/> Other _____   |
| <b>F6 Visibility in Escape Routes</b>                                     | <input type="checkbox"/> F6/AS1 <input type="checkbox"/> AS/NZS 2293.2<br><input type="checkbox"/> NZS 6104 <input type="checkbox"/> AS 2293.1 & 3<br><input type="checkbox"/> Other _____  | <b>G14 Industrial liquid waste</b>                         | <input type="checkbox"/> G14/AS1<br><input type="checkbox"/> Other _____   |
| <b>F7 Warning systems</b>   | <input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS 4514<br><input type="checkbox"/> NZS 4512 <input type="checkbox"/> NZS 4515<br><input type="checkbox"/> NZS 4541 <input type="checkbox"/> AS 3786<br><input type="checkbox"/> Other _____                        | <b>G15 Solid waste</b>                                     | <input type="checkbox"/> G15/AS1<br><input type="checkbox"/> Other _____   |
| <b>F8 Signs</b>   | <input type="checkbox"/> F8/AS1 <input type="checkbox"/> AS/NZS 2293.2<br><input type="checkbox"/> Other _____  | <b>H1 Energy efficiency</b>                                | <input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS 4218<br><input type="checkbox"/> NZS 4243 <input type="checkbox"/> NZS 4214<br><input type="checkbox"/> ALF Design Manual<br><input type="checkbox"/> Other _____ |
| <b>Cable car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> NZS 5270:2005 Part 16, Appendix C <input type="checkbox"/> Other _____   |  |  |

Waivers and modifications: *State nature of waiver or modification of building code required*

|  |
|--|
|  |
|--|

## PRODUCER STATEMENTS

The design professional is responsible for ensuring architectural drawings are stamped verifying that the plans accurately reflect their intentions; if required, construction monitoring levels and inspections must be attached to the producer statement.

For further information please refer to Auckland Councils producer statement policy at [www.aucklandcouncil.govt.nz](http://www.aucklandcouncil.govt.nz)

## RESTRICTED BUILDING WORK

Will the building work include any restricted building work?

Yes

No

Is a solid fuel heater involved? (If yes, is exemption required)

Yes

No

If the flue penetration through the roof exceeds 300mm; this is deemed restricted building work (RBW). All RBW is required to be installed by a licensed building practitioner; however, as there are no license classes available for this type of work Council will apply an exemption if requested. Where an exemption is requested, Council will either inspect the work or rely on a producer statement issued by a person approved to issue such statements (refer to Auckland Council Producer Statement Register on our website for further information)

## KEY CONTACTS / LICENSED BUILDING PRACTITIONERS (LBP) *(please provide details)*

Please provide the following details for all licensed building practitioners (LPB) who will be involved in carrying out or supervising restricted building work. *(If these details are unknown at the time of application, they **must** be supplied before the building work begins).*

### Designer or Architect

### Structural Engineer

|                                      |              |                                      |              |
|--------------------------------------|--------------|--------------------------------------|--------------|
| Business/Name:                       |              | Business/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

### Builder / Carpentry work

|                      |              |                      |              |
|----------------------|--------------|----------------------|--------------|
| Business/Name:       |              | Business/Name:       |              |
| Address:             |              | Address:             |              |
| Daytime:             | After hours: | Daytime:             | After hours: |
| Mobile:              | Fax:         | Mobile:              | Fax:         |
| LBP Registration No: |              | LBP Registration No: |              |

### Drain layer

### Plumber

|                  |              |                  |              |
|------------------|--------------|------------------|--------------|
| Business/Name:   |              | Business/Name:   |              |
| Address:         |              | Address:         |              |
| Daytime:         | After hours: | Daytime:         | After hours: |
| Mobile:          | Fax:         | Mobile:          | Fax:         |
| Registration No: |              | Registration No: |              |

**KEY CONTACTS / LICENSED BUILDING PRACTITIONERS (LBP) (please provide details)**

**Electrician**

|                  |              |
|------------------|--------------|
| Business/Name:   |              |
| Address:         |              |
| Daytime:         | After hours: |
| Mobile:          | Fax:         |
| Registration No: |              |

**Gas Fitter**

|                  |              |
|------------------|--------------|
| Business/Name:   |              |
| Address:         |              |
| Daytime:         | After hours: |
| Mobile:          | Fax:         |
| Registration No: |              |

**Foundation work**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**Bricklaying**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**Blocklaying**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**External Plastering**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**Roofing work**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**Other**

|                      |              |
|----------------------|--------------|
| Business/Name:       |              |
| Address:             |              |
| Daytime:             | After hours: |
| Mobile:              | Fax:         |
| LBP Registration No: |              |

**OFFICE ONLY USE**

|  |  |
|--|--|
| Receipt No:                                    |  |
| Deposit \$:                                    |  |
| PIM/BC No:                                     |  |
| Date:  |  |
| New compliance schedule required               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Existing compliance schedule requires amending | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Area 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"/> Compass  | <input type="checkbox"/> MBC       | <input type="checkbox"/> Professional |

**COMMENTS**

|  |
|--|
|  |
|  |
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|  |