

Application to request an exemption of building work under clause 2 of Schedule 1 of the Building Act

(NB previously known as Clause K)



Use this form if you are requesting an exemption of building work that would normally require a building consent

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)

m²

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: Work

After hours:

Facsimile number:

Mobile:

Email address:

Website:

The following 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

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)

Name of agent:

Contact person:

Mailing address:

Postcode:

Street address/registered office:

Phone number: Work

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: Work 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 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

DESCRIPTION OF BUILDING WORK FOR WHICH EXEMPTION IS BEING CLAIMED AND EXPLANATION OF THE REASON WHY

Please give a full description of the **building work** for which an exemption from building consent is being claimed:

I request an exemption under Schedule 1 of the Building Act 2004 for the following reasons:

The building work subject to the exemption application is proposed building work and has not been carried out yet

Signature: Owner: Agent: Date:

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

- | | |
|---|--|
| <input type="checkbox"/> Plans | <input type="checkbox"/> Certificate of Title |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Other <i>(describe)</i> |

KEY CONTACTS *(please provide details as applicable)*

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:	
Builder		Plumber	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Drainlayer		Electrician	
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		Other	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	

OFFICE ONLY USE

Receipt No:		Area Office		
		<input type="checkbox"/> Central	<input type="checkbox"/> Henderson	<input type="checkbox"/> Orewa
Date:		<input type="checkbox"/> Papakura	<input type="checkbox"/> Pukekohe	<input type="checkbox"/> Takapuna
		<input type="checkbox"/> Manukau		