

Form 6 - Application for code compliance certificate

Section 92, Building Act 2004 (Form 6)



*Mandatory fields to be completed

THE BUILDING CONSENT

*Building consent N°:

*Date granted:

*Street address of building:

Issued by (name of Building Consent Authority who issued the Building Consent:

Auckland Council

Current lawfully established use:

*THE COMPLIANCE SCHEDULE (You must complete this section if the building has had specified systems installed or removed)

N° of occupants per level and per use if more than 1:

*Compliance schedule:

- New
 Amendment

Ex. Compliance schedule N°:

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:

APPLICATION (You must complete this section with the date all the building work was completed)

All building work to be carried out under the building consent specified on this form was completed on: Date:

THE PERSONNEL OR LICENSED BUILDING PRACTITIONERS (LBP) WHO CARRIED OUT OR SUPERVISED THE RESTRICTED BUILDING WORK ARE AS FOLLOWS, CONTINUE ON ANOTHER PAGE IF NECESSARY [list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters and Drainlayers Board registration numbers]

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:	
Head Contractor / Site Manager		Building / Carpentry work	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	

THE PERSONNEL OR LICENSED BUILDING PRACTITIONERS (LBP) WHO CARRIED OUT OR SUPERVISED THE RESTRICTED BUILDING WORK ARE AS FOLLOWS, CONTINUE ON ANOTHER PAGE IF NECESSARY *[list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters and Drainlayers Board registration numbers]*

Drainlayer		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:	
Electrician		Gas Fitter	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Foundation work		Bricklaying	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Blocklaying		External plastering	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Roofing work		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:	

NB: if there are no specified systems in this building, please go to last page and complete application

THE BUILDING CONTAINS THE FOLLOWING SPECIFIED SYSTEMS:

(only complete this section if the building has had specified systems installed or removed during construction)

Key to type of compliance schedule:

- New building – new compliance schedule
- Existing building with compliance schedule – amend compliance schedule
- Existing building no previous compliance schedule – new compliance schedule

Definition of terms

New	A new system or feature is being installed into a new building or a compliance schedule is being applied for the first time, for an existing building which has specified systems installed in it
Altered	An existing system or feature is being modified, altered or added to an existing building resulting in an amendment to an existing compliance schedule
Removed	A system or feature is being removed from the building

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

Specified system	Inspection, maintenance & reporting standards <i>(please list standard if not referenced)</i>	System notification (tick as applicable)		
		New	Altered	Removed
1	Automatic systems for fire suppression			
1.1	Sprinkler system <input type="checkbox"/> NZS 4541:2013 <input type="checkbox"/> NZS 4515:2009 <input type="checkbox"/> NFPA 25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Gas and foam flood or deluge systems; dry and wet fire extinguishing systems <input type="checkbox"/> NZS 4541:2013 <input type="checkbox"/> NZS 4515:2009 <input type="checkbox"/> NFPA 25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Automatic or manual emergency warning systems for fire or other dangers			
2.1	Manual and automatic fire alarms; smoke / heat detectors; gas; radiation systems <input type="checkbox"/> Audible <input type="checkbox"/> Visual <input type="checkbox"/> NZS 4512:2010 <input type="checkbox"/> AS 1851:2005 <input type="checkbox"/> NFPA 25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Automatic gas leak detection systems for the detection and measurement of combustible gases <input type="checkbox"/> NZS 5263:2003 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Electromagnetic or automatic doors or windows			
3.1	Automatic doors e.g. sliding or revolving doors Are doors interfaced with emergency warning system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NZS 4239:1993 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Access controlled doors (swipe card, key pad, sensor-delayed egress, etc) <input type="checkbox"/> Specific design solution <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Interfaced fire or smoke door or windows (electromagnetic door holders) <input type="checkbox"/> AS 4178:1994 <input type="checkbox"/> BS 7273 Part 4 2007 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Emergency lighting systems <input type="checkbox"/> AS/NZS 2293.2:1995 <input type="checkbox"/> NZS 6104:1981 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Escape route pressurisation systems <input type="checkbox"/> AS 1851.6:2005 <input type="checkbox"/> AS/NZS 1668.1:2005 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Riser mains for use by fire services <input type="checkbox"/> NZS 4510:2008 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Automatic backflow preventers connected to a potable water supply <input type="checkbox"/> AS/NZS 2845.1:2010 <input type="checkbox"/> AS 2845.3:2010 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specified system		Inspection, maintenance & reporting standards (please list standard if not referenced)	System notification (tick as applicable)		
			New	Altered	Removed
8	Lifts, escalators, travelators or other systems for moving people or goods within a building				
8.1	Passenger carrying lifts	<input type="checkbox"/> NZS 4332:1997 <input type="checkbox"/> NZS 4334:2012 <input type="checkbox"/> EN 81:2003 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Goods or service lifts	<input type="checkbox"/> NZS 4332:1997 <input type="checkbox"/> EN 81:2003 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Escalators and moving walks	<input type="checkbox"/> EN 115:2008 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Mechanical ventilation or air-conditioning systems Cooling tower installed <input type="checkbox"/> Yes <input type="checkbox"/> No Interfaced with fire alarm <input type="checkbox"/> Yes <input type="checkbox"/> No Spray booth <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AS/NZS 3666.2:2011 <input type="checkbox"/> AS/NZS 4114.1:2003 <input type="checkbox"/> AS/NZS 4114.2:2003 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Building maintenance units or other devices providing access to the interior / exterior of a building	<input type="checkbox"/> BS 6037.1:2003 <input type="checkbox"/> BS 6037.2:2003 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Laboratory fume cupboards	<input type="checkbox"/> AS/NZS 2243.8:2014 <input type="checkbox"/> AS/NZS 2243.1:2005 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Audio loops or other assistive listening systems				
12.1	Audio loop	<input type="checkbox"/> AS 60118.4:2007 <input type="checkbox"/> AS 1088.4:1987 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	FM radio frequency systems and infrared beam transmission	<input type="checkbox"/> Proprietary specific design <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Smoke control systems				
13.1	Mechanical smoke control systems	<input type="checkbox"/> AS1851:2005 <input type="checkbox"/> AS/NZS 1668.1:2015 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Natural smoke control systems	<input type="checkbox"/> AS1851:2005 <input type="checkbox"/> AS/NZS 1668.1:2015 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Smoke curtains	<input type="checkbox"/> AS1851:2005 <input type="checkbox"/> AS/NZS 1668.1:2015 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Emergency power systems for, or signs relating to, a system or feature in any of the specified systems 1 – 13				
	Please specify which systems it relates to:				
14.1	Emergency power systems installed for the purpose of supplying power to any of the specified systems 1–13	<input type="checkbox"/> NZS 6104:1981 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Signs for all systems	<input type="checkbox"/> F8/AS1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Any of all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9 and 13:				
15.a	Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/> NZS 4512:2010 <input type="checkbox"/> AS 1851:2012 <input type="checkbox"/> AS 2220:1985 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.b	Final exits	<input type="checkbox"/> NZBC CAS _____ VM _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specified system		Inspection, maintenance & reporting standards (please list standard if not referenced)	System notification (tick as applicable)		
			New	Altered	Removed
15.c	Fire separation	<input type="checkbox"/> NZBC CAS _____ VM _____ <input type="checkbox"/> NZS 4520:2010 <input type="checkbox"/> NZS 4232.2:1988 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.d	Signs for communicating information intended to facilitate evacuation; and such signs as required by: <ul style="list-style-type: none"> the NZBC (all systems); and S.120 of the Act 	<input type="checkbox"/> AS/NZS 2293.2:1995 <input type="checkbox"/> F8/AS1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.e	Smoke separation	<input type="checkbox"/> NZBC CAS _____ VM _____ <input type="checkbox"/> Specific design solution <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Cable cars	<input type="checkbox"/> NZS 5270:2005 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 to:

Owner:

Agent:

Applicant:

Preferred method of billing:

Email:

Post:

AC2132 Authority to refund fees associated with a building consent to another person can be used to authorise Council to refund payments to another person.

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

REQUEST

*I request that you issue a code compliance certificate for this work under s.95 of the Building Act 2004

*The code compliance certificate should be sent to:

Owner:

Agent:

*Name of the person signing application:

*Signature:

Owner:

Agent:

Date:

ATTACHMENTS (the following documents are attached to this application)

- Certificates from the personnel who carried out the work
- Memoranda from licensed building practitioners stating what restricted building work they carried out or supervised
- Certificates that relate to energy work (e.g. gas and electrical certificates)
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent

COMMENTS:
