

Form 2 - 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"/> Building consent (BC) & PIM Combo
<input type="checkbox"/> Stage _____ of intended _____ stages
<input type="checkbox"/> Amendment to building consent N ^o :
<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:

Area: *(total floor area; indicate area affected by the building work if less than the total floor area)* m² Year first constructed:

Current, lawfully established, use:	HOUSING	<input type="checkbox"/> Detached dwelling	<input type="checkbox"/> Multi-unit dwelling	<input type="checkbox"/> Group dwelling
	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"/> _____

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

APPLICATION

I request that you issue a:

- project information memorandum
- project information memorandum and building consent
- building consent,

for the building work described in this application

Name:

Owner:

Agent:

Applicant:

Signature:

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:

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) on which the building levy will be calculated including goods and services tax

\$

Stage:

of an intended:

stages.

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

number of years.

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).

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

Yes:

No:

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: | |

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
B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4229 <input type="checkbox"/> AS/NZS 1170 <input type="checkbox"/> Other _____	G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other _____
B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 3602 <input type="checkbox"/> Other _____	G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other _____
C1-C6 Protection from Fire	<input type="checkbox"/> C/AS1-7 <input type="checkbox"/> C/VM2 <input type="checkbox"/> Specific design	G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other _____
D1 Access Routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> Other _____	G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS 1668.2 <input type="checkbox"/> NZS 4303 <input type="checkbox"/> AS/NZS 3666.1&2 <input type="checkbox"/> Other _____
D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> NZS 4332 <input type="checkbox"/> NZS 4334 <input type="checkbox"/> Other _____	G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> NZS 4214 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> Other _____
E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/VM1 <input type="checkbox"/> Other _____	G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other _____
E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3 <input type="checkbox"/> E2/VMI <input type="checkbox"/> AS/NZS 4284 <input type="checkbox"/> Specific design (Façade Engineer) <input type="checkbox"/> Other _____	G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> NZS 6703 <input type="checkbox"/> Other _____
E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> NZS 4214 <input type="checkbox"/> Other _____	G8 Artificial light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS 6703 <input type="checkbox"/> Other _____
F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other _____	G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> AS/NZS 3000 <input type="checkbox"/> Other _____
F2 Hazardous building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223.3 <input type="checkbox"/> Other _____	G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> 3501 <input type="checkbox"/> NZS 7646 <input type="checkbox"/> AS/NZS 5601.1 <input type="checkbox"/> Other _____
F3 Hazardous substances	<input type="checkbox"/> F3/VM1 <input type="checkbox"/> Hazardous Substances and New Organisms Act 1996 <input type="checkbox"/> Other _____	G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> AS/NZS 5601.1 <input type="checkbox"/> Other _____
F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> Fencing of Swimming Pools Act 1987 <input type="checkbox"/> Other _____	G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS 3500.1 <input type="checkbox"/> Other _____
F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other _____	G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3 <input type="checkbox"/> AS/NZS 3500.2 <input type="checkbox"/> Other _____
F6 Visibility in Escape Routes	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> AS/NZS 2293.2 <input type="checkbox"/> NZS 6104 <input type="checkbox"/> AS 2293.1 & 3 <input type="checkbox"/> Other _____	G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other _____
F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS 4514 <input type="checkbox"/> NZS 4512 <input type="checkbox"/> NZS 4515 <input type="checkbox"/> NZS 4541 <input type="checkbox"/> AS 3786 <input type="checkbox"/> Other _____	G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other _____
F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> AS/NZS 2293.2 <input type="checkbox"/> Other _____	H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS 4218 <input type="checkbox"/> NZS 4243 <input type="checkbox"/> NZS 4214 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> Other _____

F9 Restricting Access to Residential Pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2	Cable car <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NZS 5270:2005 Part 16, Appendix C
	<input type="checkbox"/> NZS 8500:2006		<input type="checkbox"/> Other _____
	<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

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

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

KEY CONTACTS

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

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

Builder / 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:	

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:	

KEY CONTACTS**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:	

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"/> Takapuna	<input type="checkbox"/> Southern	
<input type="checkbox"/> Professional Building Consultants		

COMMENTS
