

Form 2 – Commercial 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)*

NB If you have an existing application number relating to this building work, please note the number beside the application type

<input type="checkbox"/> Project information memorandum
<input type="checkbox"/> Building consent
<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:

FEB process complete? Yes No

FAP means Financial assistance package

Is this a re-clad application? Yes No

Has a pre-application meeting been held? Yes No

Is application subject to a claim under the FAP scheme? Yes 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		
	<input type="checkbox"/> COMMUNAL RESIDENTIAL	<input type="checkbox"/> COMMUNAL NON-RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> ANCILLARY	<input type="checkbox"/> OUTBUILDINGS

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 if applicant is someone other than the owner e.g. tenant, lessee, etc)

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 applicable)

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 and posted to: Owner: Agent: Applicant:

Preferred method of billing: Email: Post:

Preferred 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

DEVELOPMENT CONTRIBUTIONS INFORMATION

Gross development area (GDA) are used for assessing development contributions; gross development areas are defined as:

1. The gross floor area of any building measured from the outer faces of the exterior walls or the centre line of walls separating two abutting buildings; and
2. The area of any part of the allotment used solely or principally for the storage, sale, display, movement or servicing of goods or the provision of services on the allotment.

GDA includes the areas occupied by network service providers for carrying out their normal business, including offices, workshops warehouses and any outside areas

Gross development area does not include:

- a) Vehicular parking ancillary to the primary development, manoeuvring, loading and landscaping areas and areas used only for primary production purposes (such as quarry workings, farm lands and orchards) the conversion of which to another would require resource consent or building consent; and
- b) The area of plant, equipment servicing the site and network infrastructure including pipes, lines installations, roads, water supply wastewater and stormwater collection and management systems

Will the gross development area (GDA) increase because of this development?

No

Yes (if yes, refer to points 1 and 2 above to confirm GDA increased)

Please describe reason for increase in GDA

Impervious surface area (ISA)

Impervious surface area is the area of any site, which is not capable of absorbing rainwater; e.g. building size or paved areas increased

Will the impervious surface area increase as a result of the development?

No

Yes, (refer to points 1 and 2 above to confirm GDA increased)

Please describe reason for increase in ISA:

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 of building

Is this an apartment building?

Yes

No

If yes, state the number of apartments:

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*); (state estimated value as defined in section 7 of the Building Act 2004)

\$

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

If yes, provide the following details of all licensed building practitioners (LBP) 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*).

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"/> Complete relevant checklist(s) |
| <input type="checkbox"/> Certificate attached to project information memorandum | <input type="checkbox"/> Memoranda from Licenced Building Practitioner(s) who carried out or supervised any design work that is restricted building work |

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

MEANS OF COMPLIANCE (the building work will comply with the Building Code as follows)

Clauses (involved in the proposed building work)	Means of compliance (refer to compliance documents) or detail of alternative solution in the plans or specifications	Clauses (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"/> NZS 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"/> AS3500.2 <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 <input type="checkbox"/> NZS 8500:2006 <input type="checkbox"/> Other _____	Cable car <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)

COMPLIANCE SCHEDULE (only complete this section if your building has specified systems in it)

New building:

Are there any specified systems installed in this building?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Total occupancy numbers:

Existing building:

Will the new work result in the addition, alteration or removal of any specified systems in the building?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Please state existing Compliance Schedule N°:

Total occupancy numbers:

Important note: Inspection, Maintenance and Reporting (I.M.R) you **must** specify the proposed procedures for the inspection, maintenance and reporting for each specified system, for the purposes of the compliance schedule (Photocopies of the relevant section of the performance standard are acceptable)

DEFINITIONS OF SYSTEM NOTIFICATION TERMINOLOGY

New means 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 means an existing system or feature is being modified, altered or added to the building resulting in an amendment to an existing compliance schedule

Removed means that a system or feature is being removed from an existing building

COMPLIANCE SCHEDULE INSPECTION, MAINTENANCE AND REPORTING PROCEDURES

Specified system	Inspection, maintenance & reporting standards (please list standard if not referenced)	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"/>

COMPLIANCE SCHEDULE INSPECTION, MAINTENANCE AND REPORTING PROCEDURES

Specified system	Inspection, maintenance & reporting standards (please list standard if not referenced)	System notification (tick as applicable)		
		New	Altered	Removed
3	Electromagnetic or automatic doors or windows			
3.1	Automatic doors e.g. sliding or revolving doors Are any of the doors interfaced with emergency warning systems? <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 1851.6:2012 <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"/>
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"/>

COMPLIANCE SCHEDULE INSPECTION, MAINTENANCE AND REPORTING PROCEDURES

Specified system	Inspection, maintenance & reporting standards (please list standard if not referenced)	System notification (tick as applicable)		
		New	Altered	Removed
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 or 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	System 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"/>
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: • 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"/>

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

Please provide the following details for all licensed building practitioners (LBP) 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:	

Drain layer

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:	

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

Foundation work

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
Registration or LBP Registration No:	

Bricklaying

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
Registration or LBP Registration No:	

Blocklaying

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
Registration or LBP Registration No:	

External Plastering

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
Registration or LBP Registration No:	

Roofing work

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
Registration or LBP Registration No:	

Other

Name:	
Address:	
Daytime:	After hours:
Mobile:	Fax:
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
