

Application for compliance schedule

Section 102a, Building Act 2004

APPLICATION DETAILS

State the reason the application is being made:

THE BUILDING

Street address of building:

Legal description of land where building is located:

Building name:

Location of building within site/block N°: (include nearest street access)

Level / Unit N°:

No of occupants per level, and per use if more than 1

Current, lawfully established, use: (include number uses if >1)

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:

*Record of Title
Sale & Purchase agreement*

*Lease agreement
Other document showing full name of legal owners of the building*

AGENT

Name of agent:

Contact person:

Mailing address:

Postcode:

AGENT

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)***SPECIFIED SYSTEMS PRESENT IN THE BUILDING**Please confirm the specified systems present in the building and complete a separate *Specified system form (AC2109a)* for each system to attach to this application.

| Specified systems | | Specified system form (AC2109a) attached |
|-------------------|--|--|
| 1 | Automatic systems for fire suppression | |
| 1/1 | Automatic sprinkler systems Sprinkler system | |
| 1/2 | Automatic fire suppression systems (gas and foam flood systems) | |
| 2 | Automatic or manual emergency warning systems for fire or other dangers | |
| 2/1 | Automatic or manual emergency warning systems for fire | |
| 2/2 | Automatic or manual emergency warning systems for other dangers | |
| 3 | Electromagnetic or automatic doors or windows | |
| 3/1 | Automatic doors | |
| 3/2 | Access controlled doors | |
| 3/3 | Interfaced fire or smoke doors or windows | |
| 4 | Emergency lighting systems | |
| 5 | Escape route pressurisation systems | |
| 6 | Riser mains for use by fire services | |
| 7 | Automatic backflow preventers connected to a potable water supply | |
| 8 | Lifts, escalators, travelators or other systems for moving people or goods within a building | |
| 8/1 | Passenger carrying lifts | |
| 8/2 | Platform, low-speed and service lifts | |
| 8/3 | Escalators and moving walks | |
| 9 | Mechanical ventilation or air-conditioning systems | |
| 10 | Building maintenance units or other devices providing access to the exterior of a building | |
| 11 | Laboratory fume cupboards | |
| 12 | Audio loops or other assistive listening systems | |
| 12/1 | Audio loop | |
| 12/2 | FM radio frequency systems and infrared beam transmission systems | |
| 13 | Smoke control systems | |

SPECIFIED SYSTEMS PRESENT IN THE BUILDING

| | | |
|-------|---|--|
| 13/1 | Mechanical smoke control | |
| 13/2 | Natural smoke control | |
| 13/3 | Smoke curtains | |
| 14 | Emergency power systems for, or signs relating to, a system or feature in any of the specified systems 1 - 13 | |
| 14/1 | Emergency power systems installed for the purpose of supplying power to any of the specified systems 1 - 13 | |
| 14/2 | Signs for all systems | |
| 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 | |
| 15(b) | Final exits | |
| 15(c) | Fire separation | |
| 15(d) | Signs for communicating information intended to facilitate evacuation | |
| 15(e) | Smoke separation | |
| 16 | Cable cars | |

LOCATION OF COMPLIANCE SCHEDULE

Important 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:

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*

SIGNATORY

Owner / agent
signature:

Date:

Print name:

IQP N°:
(if agent IQP)

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

Email the completed form to: complianceschedules@aucklandcouncil.govt.nz