



Masterton District Council
64 Chapel Street
PO Box 444
MASTERTON 5840



Carterton District Council
Holloway Street
PO Box 9
CARTERTON 5743



South Wairarapa
District Council
19 Kitchener Street
PO Box 6
MARTINBOROUGH
5741

Application for a Building Consent and/or Project Information Memorandum

Section 33 or Section 45, Building Act 2004
Send or deliver your application to the Building
Consent Authority in your district at the address
above

Application No: BC.....

PIM No: PIM.....

I request you issue a Building Consent *Only* for the building work described in this application
 Project Information Memorandum *Only*
 Project Information Memorandum and a Building Consent combined

The Building

Street address of building works: _____

Legal description of land where the building is located: _____

*State the legal description as shown on the certificate of title or rates as at the date of this application.
If the land is proposed to be subdivided, include details of the relevant lot numbers and subdivision
consent on separate documents and present with the latest certificate of title.*

Building name: _____

Location of building within site: _____

Number of levels: _____ *Enter the number of floor levels incl. Basements.*

Level / Unit number: _____ *Level or unit no. where building work proposed.*

Total floor area: _____ *Total floor area of proposed building work.*

Current, lawfully established Use: _____
Include no. of occupants per level and use if more than one

Year first constructed: _____ *Approximate date is acceptable eg: 1920's etc.*

Planning zone: _____

The Owner

Name of Owner: _____ *Owners name or business*

Contact person: _____ *Only if the owner is not an individual*

Owners Mailing Address: _____

Street Address / Registered Office: _____

Phone Landline: _____ **Phone Mobile:** _____

Phone Daytime: _____ **Phone After Hours:** _____

Facsimile: _____ **Email Address:** _____

The Agent (Only required if the application is being made on behalf of the owner)

Name of Agent: _____ Agents name or business

Contact person: _____ Insert NA if agent is an individual

Mailing Address: _____

Street Address / Registered Office: _____

Phone Landline: _____ Phone Mobile: _____

Phone Daytime: _____ Phone After Hours: _____

Facsimile: _____ Email Address: _____

Relationship to Owner: _____

State details of the authorisation from the owner to make the application on the owners behalf.

First Point of Contact for communication with the Council/ Building Consent Authority

Contact person: _____

Mailing Address: _____

Phone Landline: _____ Phone Mobile: _____

Phone Daytime: _____ Phone After Hours: _____

Facsimile: _____ Email Address: _____

Privacy information

The information you have provided on this form is required so that your building consent can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has statutory obligations to regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whomever requests the information.

Under the Privacy Act 1993 you have the right to see and correct personal information that Council holds about you.

Certificate of Title

Note: Please attach a copy of Certificate of Title which must include the Deposited Plan Diagram. If you are waiting for a new CT to be issued then we also require a copy of Agreement for Sale and Purchase. The document must not be older than 3months and must show full name of legal owner(s) of the property. A copy of Title can be obtained from LINZ (Land Information NZ. www.LINZ.govt.nz phone 0800 665463).

Signed by the owner OR by the agent on behalf of the owner

Signed by the owner (if owner applicant)

Signature: _____

Name: _____

Date: _____

Signed by the agent (if agent applicant)

Signature: _____

Name: _____

Date: _____

The Project

Description of Building Work: *(Provide sufficient description of building work to enable scope of building work to be fully understood; continue on a separate page if necessary, or refer to an attached document setting out the description).*

Building Use

New Building If the building work is a new building. What is the intended use: _____

Existing Building Will the building work result in a change of use of the building. **Yes** **No**

If yes provide details of new use: _____

Intended Life of the Building *(in years)* if less than 50 years: _____

Estimated value of the building work on which the building levy will be calculated:

(Including goods and services tax): \$ _____

Is this a staged building consent application: **Yes** **No.**

If Yes: *This application is for Stage* _____ *of* _____ *Stages.*

List building consents previously issued for this project *(if any):*

(List who issued the consent, date of issue and consent number):

Does the building or site have any cultural heritage significance, or is it a marae:

(Refer to the District Plan) **Yes** **No.**

Does the building work include new or altered compliance schedule systems: **Yes** **No.**

(If yes complete the last page of this application).

To the best of my knowledge the site plan attached with this application shows all existing and proposed buildings on the site, labels each buildings existing/proposed use and indicates the location of all watercourses and drains.

Full name: _____ Signature: _____

Building Code Compliance Path

(Please note; a project may contain acceptable and alternative solutions)

Building Code Clause	Not applicable To this application	Acceptable Solution (Provide specific reference to relevant acceptable solution)	Alternative Solution
B1 Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2 Durability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1 Outbreak of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 Means of escape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3 Spread of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4 Structural stability during fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2 Mechanical installation for access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1 Surface water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2 External moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3 Internal moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1 Hazardous agents on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2 Hazardous building materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3 Hazardous substances & processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4 Safety from falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5 Construction and demolition hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6 Lighting for emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7 Warning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F8 Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1 Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2 Laundering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3 Food prep. & prevention of contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4 Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5 Interior environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6 Airborne & impact sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7 Natural light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8 Artificial light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9 Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10 Piped services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G11 Gas as energy source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G12 Water supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G13 Foul water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G14 Industrial liquid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G15 Solid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1 Energy efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative solutions must be supported by substantial evidence of compliance

Contacts

Designer / Architect

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Structural Engineer

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Engineer / Other (*Identify practice*)

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Plumber

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Builder

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Drainlayer

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Head Contractor / Site Manager

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Other Contractor

Business Name: _____

Address: _____

Day Phone: _____

Mobile: _____

Facsimile: _____

Registration / Qualification: _____

Attachments

The following documents are attached to this application:

Plans and Specifications (please list) _____

Project Information Memorandum (*if previously issued*)

Development Contribution Notice (*if previously issued*)

Certificate attached to a Project Information Memorandum (*if previously issued*)

Compliance Schedule

There are **NO** specified systems in the building:

The following systems for the building are as follows:

			New	Existing	Altered
<input type="checkbox"/>	SS1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS2	Automatic and manual emergency warning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS3	Electromagnetic or automatic doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS3/2 Access Control Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS6	Riser mains for fire service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS7	Automatic back-flow preventers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS8	Lifts, escalators, or travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS8/1 Passenger-carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS8/2 Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS9	Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS10	Building maintenance units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS12	Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS12/1 Audio Loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS12/2 FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS13	Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS13/1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS13/2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS13/3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS14	Emergency power systems for, or signs relating to, a system or feature in any clause 1-13 above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS14/1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS14/2 Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SS15	Other fire safety features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS15/2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS15/3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS15/4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	SS15/5 Smoke separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the box for each system in the building and provide on a separate document the system details, maintenance and inspection procedures required for that system.

Project Information Memorandum

(Complete if applying for a PIM/Building consent. Do not complete if applying for a building consent only)

The following matters are involved in the project (tick the matters relevant to the project)

Yes No

- Subdivision
- Alterations to the land contours
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of the building
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and waste water
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the territorial authority
(Please specify) _____

Water and sewer

<p>Water/Sewer supply:</p> <p>Connection to Council mains required Yes / No Circle type: Residential / Commercial / Rural</p>	<p>Road opening/Footpath opening:</p> <p>Is an opening required Yes / No Select type of service Water / Sewer</p>
<p>Vehicle Crossing:</p> <p>Is a vehicle crossing required Yes / No Circle type: Residential / Commercial / Rural</p>	<p>If any of these services apply- Please make sure the relevant application form has been completed and submitted.</p>

Important information-Re: Code Compliance Certificate (CCC)

It is the owners responsibility to request a CCC inspection from Council and send a signed application when all building work is complete. Without a CCC (final inspection) it may be difficult to sell or mortgage a property, and insurance complications may arise in certain circumstances.

The Council can only issue a code compliance certificate when sure on reasonable grounds that work done complies with the building code and approved plans. Final payment on a building project or the sale of a property may hinge on any work having a CCC.

Where the Council is unable to issue a CCC because of uncertainty about compliance of building work a Notice to Fix will be issued. This will outline any work that needs to be undertaken to achieve compliance. If any issues cannot be resolved a CCC will not be issued.

Council Use Only

Value: \$ _____	Pricing Code: _____	Initials: _____

Instructions for completing this application

This application is a legal document required by the Building (Forms) Regulations 2004 and must be completed in full. Please follow these instructions to complete each question on the application form.

Incomplete application will not be accepted.

Application; Check the box for the type of application (Building Consent only, PIM only, or both)

The Building:

Street address; enter the physical street address of the proposed works.

Legal description; enter the legal description as shown on the certificate of title or rates as at the date of this application. If the land is proposed to be subdivided, include details of the relevant lot numbers and subdivision consent on separate documents and present with the latest certificate of title.

Building name; if the building has an identifiable name enter it here or enter N/A.

Location of building within site; enter where the building is located within the site, ie. north, south, east, west or centre.

Number of levels; enter the number of floor levels in the building incl. basements. Must be 1 to max.

Level / Unit number; enter the level or unit number where the building work is to take place.

Total floor area; enter the floor area of the building works. If the work is not the original or increasing the original size, enter N/A.

Current use; for a new building enter “New Building”, for existing buildings enter the current use; eg Dwelling, Garage, Sleepout, Retail Shop, Warehouse, or whatever the current use is. If the project is for commercial type use, include the number of occupants, (this information will be available from the fire safety report to be submitted with the application or from the buildings warrant of fitness if applicable).

Year first constructed; The approximate year of construction if prior 1990 or the exact year if after 1990.

Planning Zone; The planning zone defined in the District Plan, where building works is to be carried out. Ask the planning officers at the Council office if this is not known.

The Owner

Enter all the details of the owner of the building where the proposed building work is to be carried out.

The Agent

If the person applying for the building consent is someone other than the owner of the building, enter all the details of the applicant. If the applicant is the building owner, put a line through this block.

First Point of Contact

Enter the name of the person with whom the BCA communicates and the contact details.

Certificate of Title

Provide with the application a current copy of the certificate of title as detailed in the section.

Signature

The application MUST be signed by the building owner *or* the consent applicant.

Description of Building Work

Provide a complete description of the building work to be carried out. The description must be sufficient to describe all of the building work that is being carried out, so the content of the project can be understood.

Building Use

If the building work is for a new building, enter the intended use of the new building or enter N/A. If the building work is for an existing building, tick the box if the use will change yes or no. If the use is changing provide specific details of the new use.

Intended Life

If the buildings full life is expected to be other than indefinite and less than 50 years, enter the expected life span or I for indefinite. NOTE: If the life span is specified as less than indefinite or 50 years, the building work must be removed or a new building consent applied for at the specified time.

Estimated value of the Building Work

Enter the full retail value of the building work including GST.

Staged Building Consent

If it is proposed to carry out the work in stages, enter that information (each stage of a staged consent constitutes a new building consent).

Previous Building Consents

List all previously issued building consents that relate to this specific project.

Heritage Significance

Tick the appropriate box to declare if the project affects any cultural heritage or if it encompasses a marae. Give brief details.

Compliance Schedule

If the proposed building work includes a system that effects a compliance schedule, tick the yes box and complete page 7 of the application *OR* tick no

Declaration

Enter the name and signature of the person completing this application.

Building Code Compliance Path

Building consent applicants must show the Council how the building work is to comply with the building code. This must be shown on the application form and in the documentation submitted with the application.

There are two ways to show compliance:

1. By the use of an acceptable solution, e.g. provided by the DBH. F4/AS1 Safety from falling.
2. By the use of an alternative solution. A process or system that is not included in the acceptable solutions.

Proposed methods that are included in the acceptable solutions are deemed to comply with the building code. Whereas proposed methods not included in the acceptable solutions are deemed as alternative solutions and the applicant/designer must show how those methods comply with the building code, eg through specific engineered design, historic use, comparison with a previous determination by the DBH. More in depth information is available on the DBH web site <http://www.building.dbh.govt.nz/blc-alternative-solutions> or from the Council officers.

A tick box **MUST** be selected for each clause listed. Bear in mind that an application for a dwelling will include almost **ALL** of the clauses listed. Reference to which acceptable solution has been chosen is required to be listed on the application or accompanying documents eg NZS3604, NZS1170 or D1/AS1. If you are unsure, ask at the Council office.

Contacts

Complete all of the contact details for each of the contractors. Contacts for the Designer/Architect, Builder or Plumber or Drainlayer and the Head Contractor **must** be completed. Draw a line through any sections not applicable.

Attachments

Tick the appropriate boxes and list the number of copies of and documents included with the application.

Compliance Schedule

If the existing or proposed building work does not contain or involve any of the systems listed in this section of the application form please tick the box identifying there are no specified systems in the building. Otherwise you **must** identify each listed system in the building or proposed for the building and tick whether it is existing or new and if existing if it includes an alteration to the system. Details must be provided separately showing the location or layout of the system and its maintenance and inspection procedures.

Project Information Memorandum

Complete this section if the application is for a building consent *and* a PIM. Tick the box yes or no applicable to the project.

Water and Sewer

Complete each of the boxes as required for the project