

Application for Certificate of Acceptance



Section 9, Building Act 2004
 Send or deliver your application to: South Wairarapa District Council,
 19 Kitchener Street, P O Box 6 Martinborough
 Phone: 06 306 9611 Fax: 06 306 9373

Application No:.....

Application

<p>Site address of building works: Street or Road Name & No </p>	<p>Estimated Value of Works GST incl. \$.....</p>
<p>Legal description (as shown on Certificate of Title or rates notice) 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 Lot: DP: Section: Block: Valuation No:</p> <p>Floor Area: Existing.....m² Additionalm²</p>	<p>Classification of Work (Circle which applies) New dwelling Additions/Alterations Fireplace Garage/shed/carport (delete items not applicable) Swimming/Spa Pool Farm building New commercial/Industrial Building Relocation Foundation/Repiling Plumbing/Drainage Only Demolition/Removal Other (please state) </p>
<p>Current, lawfully, established, use: </p>	<p>Year first constructed: (Insert year, approximate dates acceptable e.g. 1920s or 1960-1970.....)</p>

The Project

<p>Description of the building work (provide sufficient description of building work to enable scope of work to be fully understood) </p>
<p>Did the building work result in a change of use of the building? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>If Yes, Provide description of the new use: </p>
<p>Intended life of the building if less than 50 years:</p>
<p>List building consents previously issued for this project (if any). </p>
<p>Does the building or site have any cultural heritage significance, or is it a marae? (Refer to District Plan) <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

The Owner

Name of Owner:

Mailing Address:

Contact details:

Landline:.....Mobile:.....

Daytime:.....After hours:.....

Facsimile number:.....Email:.....

Note: Please attach a copy of Certificate of Title which must include the Deposited Plan Diagram. If you are waiting for a new COT to be issued then we also require a copy of Agreement for Sale and Purchase. The document must not be older than 3 months 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).

The Agent

Name of Agent:

Mailing Address:

Contact details:

Landline:..... Mobile:.....

Daytime:..... After hours:.....

Facsimile number:..... Email:.....

Person to be contacted for enquiries:

Owner

Agent

To the best of my knowledge the enclosed site plan shows all existing and proposed buildings on the site, labels each building's existing/proposed use and indicates the location of all watercourses and drains.

Full Name:.....Signature.....

Date:.....

Signed by the owner

Signature:.....

Name:.....

Date:.....

OR

Signed by the agent (on behalf of, or with authority from the owner)

Signature:.....

Name:.....

Date:.....

Reasons why a Certificate of Acceptance is required:

The owner, or owner’s predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: (explain in detail)

.....
.....
.....

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently

(a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: (explain in detail)

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(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: (explain in detail)

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The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue code compliance certificate for the building work (state details of name of building consent authority and building consent granted)

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Attachments

The following plans and specifications are attached to this application: (tick boxes applicable)

- Specifications Calculations Plans
- Producer statement Other.....Specify

(All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority)

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 obligation 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.

Compliance Schedule

The following specified systems are existing, being altered, added to, or removed in the course of the building work:

<input type="checkbox"/> There are no specified systems in the building	Existing	New	Altered	Added	Removed
SS 1 Automatic systems for fire suppression (e.g. sprinklers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 2 Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 4 Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 5 Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 6 Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 7 Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 8 Lifts, escalators, or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 9 Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 10 Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 11 Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 12 Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 13 Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 14 Emergency power systems for, or signs relating to, a system or feature specified above					
SS14/1 Emergency power systems	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS 15 Other fire safety systems or features (means of escape)					
SS15/2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 15/3 Fire Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 15/4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 16 Cable cars (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above systems are "ticked" then the items below will need to be considered also					
Such signs required by the BLD Code or by sections 120 (disabled use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access and facilities for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hose reels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address where compliance schedule will be held:

.....

The maximum number of occupants that the building is designed for :

Contacts

<p>Builder: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>	<p>Electrician: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>
<p>Carpenter: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>	<p>Plumber: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>
<p>Brick/block layer: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>	<p>Drainlayer: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>
<p>Joiner: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>	<p>Plasterer/textured coater: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>
<p>Roofer: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>	<p>Other: Name:..... Address:..... Daytime:..... Mobile:..... After hrs:..... Facsimile:..... Registration/qualification:.....</p>

Fees - Office use only

Fees Payable	\$
Building Consent	
BR Levy @ \$1 per 1000	
DBH Levy @ 1.97 per 1000	
Vehicle crossing	
Relocation Inspection	
Other (specify)	
TOTAL	

Value \$.....
BC Number.....
Pricing Code.....
Owner.....
Initials.....