



Form 2 APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

1. THE BUILDING [if item is not applicable put N/A in the space]	OFFICE USE ONLY:
Street address of building: _____ _____	File No. _____
[If no street address – details of nearest intersection] _____	Consent/PIM Number: _____
Legal description of land where building is located: Lot _____ DP _____	Compliance Schedule No: _____
Site area: _____ m ² Sec _____ Block _____	Date received: _____
Building name: _____ Valuation No: _____	Vetted
Location of building within site/block number: [Include nearest street access] _____	Complete/Incomplete/Exempt
Number of levels: [Above & below ground] _____ Level/Unit No: _____	Name _____
Floor area: _____ (sq m) [Indicate area affected by the building work]	Date _____
Current, lawfully established, use: _____ Year First Constructed: _____	Signature _____
[Add no. of occupants per level and per use if more than 1] _____	Restricted Building Work? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. OWNER	3. AGENT [Only required if application is being made on behalf of the owner]
Name of Owner: _____	Name of Agent: _____
Contact person: _____	Contact person: _____
Mailing address: _____ _____	Mailing address: _____ _____
Street address/registered office: _____ _____	Street address/registered office: _____ _____
Phone No: _____ Landline: _____	Phone No: _____ Landline: _____
Mobile: _____ Daytime: _____	Mobile: _____ Daytime: _____
After hours: _____ Facsimile: _____	After hours: _____ Facsimile: _____
Email: _____	Email: _____
Website _____	Website _____
THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:	Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf] _____
<input type="checkbox"/> Certificate of Title <input type="checkbox"/> Lease Agreement	_____
<input type="checkbox"/> Agreement for Sale and Purchase <input type="checkbox"/> Other document	_____

FIRST POINT OF CONTACT for communications with the Council / Building Consent Authority: Owner Agent

Or: (if different to above details) Name: _____ Email: _____

Mailing Address: _____ Phone: _____ Facsimile: _____

To be completed in lieu of Authorisation Letter

I, _____ as the owner of the above property, authorise _____ to act as my agent.

Signature _____ Date _____

4. APPLICATION (Tick if applicable)

I request that you issue a (for the building work described in this application)

- Project Information Memorandum (PIM)
 Project Information Memorandum (PIM) and Building Consent
 Building Consent The existing PIM No [if applicable] is: _____
 Amendment to an existing Building Consent. The existing BC No is: _____

State the reference number if this application involves a National Multiple Use Approval: _____

Name: _____ Signature: _____ Date: _____

If you do not want information contained in this application to be made available for purposes of marketing please tick the box

The signature is that of the Owner OR the Agent on behalf of and with the approval of the Owner

5. THE PROJECT

DESCRIPTION OF BUILDING WORK: (Provide sufficient information below to enable scope of work to be fully understood)

Current use of building: _____ [e.g. home, implement shed, office]

Will the building work result in a change of use of the building? Yes No If Yes, provide details of the new use of the building:

Intended life of the building if less than 50 years: _____ [Years]

List Building Consents previously issued for this project (if any): _____

Estimated value of the building work 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]

6. RESTRICTED BUILDING WORK [residential building work affecting structure or weather tightness] OR CONTACTS

Will the building work include any restricted work? Yes No

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work (If these details are unknown at the time of the application, they must be supplied before the building work begins):

Note: Continue on another page if necessary

DESIGNER:

Name: _____

Address: _____

Email: _____

Telephone: _____ LBP No: _____

License Class: DESIGN

ENGINEER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: DESIGN

BUILDER:

Name: _____

Address: _____

Email: _____

Telephone: _____ LBP No: _____

License Class: CARPENTRY

BRICK / BLOCK LAYER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: BLOCKLAYING

ROOFER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: ROOFING or CARPENTRY (delete one)	EXTERNAL PLASTERER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: EXTERNAL PLASTERING
FOUNDATIONS / FLOORS: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: FOUNDATIONS or CARPENTRY (delete one)	GAS FITTER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____
PLUMBER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____	DRAIN LAYER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____
LICENSED BUILDING PRACTITIONER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____	LICENSED BUILDING PRACTITIONER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____

7. PROJECT INFORMATION MEMORANDUM [Do not fill in this section if the application is for a building consent only]

The following matters are involved in the project: [Tick the matters relevant to the project]

- Subdivision
- Alterations to land contours [e.g. digging out the site for a building platform]
- New or altered connections to public utilities [e.g. Council sewer, stormwater or water mains]
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- 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: [Specify]

The following plans and specifications are attached to this application:

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> AS1NZS1170 <input type="checkbox"/> B1/AS1 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> C1-4 Fire Clauses <input type="checkbox"/> C1-6 Fire Safety Clauses	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS3 <input type="checkbox"/> C/AS4 <input type="checkbox"/> C/AS5 <input type="checkbox"/> C/AS6 <input type="checkbox"/> C/AS7 <input type="checkbox"/> C/VM1	<input type="checkbox"/> C/VM1 <input type="checkbox"/> C/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS3500	<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> SED <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> G5/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1		<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS3500 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____

8. WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:

Supporting documentation attached as follows [please list]:

9. COMPLIANCE SCHEDULE

The specified systems for the building are as follows: [specified systems are defined in regulations]

Any system installed from below to be accompanied by procedures for inspection and routine maintenance. [Council to vet and verify in first column.] There are no specified systems in the building <input type="checkbox"/>		COUNCIL	Applicant to complete				
			Existing	New	Altered	Added	Removed
Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007							
ss1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss2	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and services only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss3	Electromagnetic or automatic doors and windows						
	ss3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss3/2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss7	Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss8	Lifts, escalators, travelators, or other systems for moving people or goods within buildings						
	ss8/1 Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss8/2 Services lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss8/3 Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss9	ss9/1 Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss9/2 Air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss12	Audio loops or other assistive listening systems						
	ss12/1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss13	Smoke control systems						
	ss13/1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss13/3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss14	Emergency power systems for a system or feature specified in any of specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE SCHEDULE [Continued]

		Applicant to complete					
		COUNCIL	Existing	New	Altered	Added	Removed
ss15	Other fire safety systems or features						
	ss15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss15/3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ss15/5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss16	Cable cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Only include where one or more of ss1-6, 9 or 13 are included.

10. ATTACHMENTS

The following documents are attached to this application: [Tick as applicable]

Plans and specifications (list) _____

- Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work
- Project Information Memorandum
- Development contribution notice
- Certificate attached to Project Information Memorandum
- National Environmental Standard Checklist
- Other information relevant to this application: [Please specify]: _____
- _____
- _____
- _____
- _____

COUNCIL USE ONLY

ESTIMATED TOTAL VALUE OF WORK

\$ _____ GST inclusive Project floor area _____ m²

FEE PAYABLE

Project Information Memorandum	\$ _____
Building Administration	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Certificate of Title	\$ _____
Other	\$ _____
LODGEMENT FEE	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (DBH)	\$ _____
Industry Levy (BRANZ)	\$ _____
BCA Levy	\$ _____
Vetting	\$ _____
Producer Statements	\$ _____
Compliance Schedules	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Peer Review	\$ _____
N Z F S	\$ _____
Development Contribution	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL BALANCE PAYABLE \$ _____

Lodgement deposit	\$ _____
Date paid	_____
Receipt No.	_____
Consent fee balance	\$ _____
Date paid	_____
Receipt No.	_____

Granted by _____

Signature _____

Date _____

Issued by _____

Signature _____

Date _____

Please complete

Forward any refunds or further invoices to:
