**Application No/BC:** \_\_\_\_\_\_\_\_\_\_

**Property ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Form 2**

**SIMPLE**

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

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| Garage/Carport ⬜ | Decks ⬜ | Retaining ⬜ | Farm Buildings ⬜ | Marquees ⬜ |
| **1. THE BUILDING [if item is not applicable put N/A in the space]** | | | | | |
| Street address of building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[If no street address – details of nearest intersection]:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal description of land where building is located: Lot DP Site area: \_\_\_\_\_\_\_ m² Sec Block  Building name: Valuation No:  Location of building within site/block number: [*Include nearest street access*]    Number of levels: *[Above & below ground]*  Level/Unit No: \_\_\_\_\_\_\_\_\_\_\_\_ Floor area:\_\_\_\_\_\_\_\_\_\_\_\_(sq m) *[Indicate area affected by the building work]*  Current, lawfully established, use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year First Constructed: \_\_\_\_\_\_\_\_\_  *[Add no. of occupants per level and per use if more than 1]* | | | | | |

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| **2. OWNER** |  | **3. AGENT [Only required if application is being made on behalf of the owner]** |
| Name of Owner:  Contact person:  Mailing address:    Street address/registered office:    Phone No: Landline:  Mobile: Daytime:  After hours: Facsimile:  Email:  Website  **THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:**  ⬜ Certificate of Title ⬜ Lease Agreement  ⬜ Agreement for Sale and Purchase ⬜ Other document |  | Name of Agent:  Contact person:  Mailing address:    Street address/registered office:    Phone No: Landline:  Mobile: Daytime:  After hours: Facsimile:  Email:  Website  Relationship to owner: *[State details of the authorisation from the owner to make the application on the owner’s behalf]* |
| **FIRST POINT OF CONTACT** *[Mark boxes as appropriate]*  Further information ⬜ Agent ⬜ Owner Invoicing: ⬜ Agent ⬜ Owner  Correspondence ⬜ Agent ⬜ Owner Additional copy of Code Compliance Certificate ⬜ | | |

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| **4. APPLICATION** [Tick if applicable] |
| I, *[name]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_request that you issue one of the following [*for the building work described in this application]*.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The signature is that of the ⬜ Owner OR the ⬜ Agent on behalf of and with the approval of the Owner.  ⬜ Project Information Memorandum (PIM) & Building Consent ⬜ Project Information Memorandum (PIM)  ⬜ Building Consent Existing PIM No *[if applicable]* is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Staged Consent |
| Restricted Building Work applicable? ⬜ Yes ⬜ No  Cultural or Heritage Significance? ⬜ Yes ⬜ No  National Multiple Use Approval? ⬜ Yes ⬜ No If yes, NUA number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be completed in lieu of Authorisation Letter:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the owner of the property, authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to act as my agent.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **5. PRIVACY INFORMATION** |
| The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you. |

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| **6. THE PROJECT** |
| Description of Building Work: *[Provide sufficient information below to enable scope of work to be fully understood]*        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]* |

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| **7. CONTACTS [Provide all details where relevant]** | |
| Please 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]*. | |
| 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 BUILDNG PRACTITIONER:  Name:  Address:  Email:  Telephone: Reg No:  License Class: | OTHER KEY PERSONNEL:  Name:  Address:  Email:  Telephone: Reg No:  License Class: |

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| **8. 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: |

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| **Building Code Clause**  ***Tick relevant clauses*** | **Acceptable Solution**  **&**  **NZS 4121**  **Accessible Design** | **Verification Method** | **Alternative Solution** [Supporting documents listed below] | **Waiver/ Modification**  [Supporting documents listed below] | **Proposed Inspections** |
| ⬜ B1 Structure | ⬜ AS1NZS1170  ⬜ B1/AS1 ⬜ NZS3604  ⬜ NZS4229 ⬜ Other | ⬜ B1/VM1  ⬜ Other | ⬜ | ⬜ | * Council * Engineer * Other (*Specify)*: |
| ⬜ B2 Durability | ⬜ B2/AS1 | ⬜ B2/VM1 | ⬜ | ⬜ | * Council * Engineer * Other (*Specify)*: |
| ⬜ C1-6 Protection from Fire | ⬜ C/AS1 ⬜ C/AS2 | ⬜ C/VM1  ⬜ C/VM2 | ⬜ | ⬜ | * Council * Engineer * Other (*Specify)*: |
| ⬜ D1 Access routes | ⬜ D1/AS1 ⬜ NZS 4121 |  | ⬜ | ⬜ | * Council * Engineer * Other (*Specify)*: |
| ⬜ E1 Surface water | ⬜ E1/AS1 ⬜ AS3500 | ⬜ E1/VM1 | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ E2 External moisture | ⬜ E2/AS1 ⬜ E2/AS2  ⬜ SED ⬜ E2/AS3 | ⬜ E2/VM1 | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ F1 Hazardous agents on site | ⬜ F1/AS1 | ⬜ F1/VM1 | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ F2 Hazardous building materials | ⬜ F2/AS1 |  | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ F4 Safety from falling | ⬜ F4/AS1 |  | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ F5 Construction and demolition hazards | ⬜ F5/AS1 |  | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ F7 Warning systems | ⬜ F7/AS1 |  | ⬜ | ⬜ | * Council * Engineer * Other (*Specify)*: |
| ⬜ G4 Ventilation | ⬜ G4/AS1 | ⬜ G4/VM1 | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ G7 Natural light | ⬜ G7/AS1 | ⬜ G7/VM1 | ⬜ | ⬜ | * Council * Other (*Specify)*: |
| ⬜ G9 Electricity | ⬜ G9/AS1 | ⬜ G9/VM1 | ⬜ | ⬜ | By certification only |

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| **9. waiver/modification to nz building code required for following parts of code:** |
| Supporting documentation attached as follows [please list]: |

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| **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]: |

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| **COUNCIL USE ONLY** |

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| **estimated total value of work** |
| $ GST inclusive Project floor area m² |

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| **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 $  Rural ID # $  Compliance Schedule $  Specified Systems $  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: |