

Application for Certificate of Acceptance

Form 8 - Section 97, Building Act 2004



Application no: _____ Building Category (Office use only): _____

PROJECT ADDRESS / BUILDING LOCATION

Rapid#/Street No.: _____ Road/Street: _____

Legal Description: Lot No _____ D.P. No _____ Val No _____ Sec No _____ Blk No _____
of land where building is located [state legal description as at the date of application]

Blk name & No _____ ML No _____

If the land is proposed to be subdivided _____
Include details of relevant lot no and subdivision consent

Building Name: _____ Location Of Building: _____
(if applicable) within site/block number (include nearest street access)

No. of levels: _____ Level/Unit Number: _____ Floor Area: _____ No. of Dwelling Units: _____
Indicate area affected by the building work if less than the total area Include ground level and any levels below ground

Current, Lawfully Established, Use: _____ Year first constructed: _____
[include number of occupants per level and per use if more than 1] Approximate date is acceptable eg 1920's or 1960-1970

IS A RAPID NO. REQUIRED? PLEASE ATTACH COMPLETED STREET ADDRESS APPLICATION FORM AVAILABLE FROM COUNCIL

DETAILS OF OWNER

Agent contact must be NZ address **AGENT** (if application is being made on behalf of owner)

Title: (*) Mr / Mrs / Miss / Ms (other _____)

Title: (*) Mr / Mrs / Miss / Ms (other _____)

Surname: _____

Surname: _____

First Name(s): _____

First Name(s): _____

Contact Person (if not as above) _____

Contact Person (if not as above) _____

Mailing Address: _____

Mailing Address: _____

Street Address/Registered Office: _____

Street Address/Registered Office: _____

Phone No: (Ah) _____ (Bh) _____

Phone No: (Ah) _____ (Bh) _____

Mobile No: _____ Fax : _____

Mobile No: _____ Fax : _____

Email Address: _____

Email Address _____

Website (if applicable): _____

Website (if applicable): _____

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION:
Copy of certificate of title, lease, agreement for sale and purchase, occupation order, or other document showing full name of legal owner(s) of the building

Relationship To Owner: _____
(state details of authorisation from the owner to make the application on the owner's behalf)

FIRST POINT OF CONTACT for communications with the Council:
Mail documents to: **OWNER** **AGENT**

* Please delete items not applicable

DESCRIPTION OF WORK

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> new building | <input type="checkbox"/> alterations | <input type="checkbox"/> demolition |
| <input type="checkbox"/> plumbing and drainage | <input type="checkbox"/> solid fuel heater (see section 6) | <input type="checkbox"/> relocation |

Description of work: _____

Date building work carried out: ____ / ____ / ____

I REQUEST THAT YOU ISSUE A CERTIFICATE OF ACCEPTANCE FOR THE BUILDING WORK DESCRIBED IN THIS APPLICATION

X _____ Date: _____
SIGNATURE OF OWNER / AGENT ON BEHALF OF AND WITH THE AUTHORITY OF THE OWNER

SECTION 1

SECTION 2

SECTION 3

DESCRIPTION OF WORK

(...continued)

Is the building is intended for SLEEPING AND LIVING PURPOSES?: No

Yes

Did the building work result in a CHANGE OF USE of the building? No

Yes

If yes, provide details of the new use: _____

INTENDED LIFE of the building if less than 50 years: _____ (years)

ESTIMATED VALUE OF BUILDING WORK on which the levy will be calculated: (GST inclusive): \$ _____

[State estimated value as defined in section 7 of the Building Act 2004]

List BUILDING CONSENTS previously issued for this project (if any):

Date	Consent Number	Issued by:

PERSONNEL WHO CARRIED OUT WORK

The personnel who carried out the building work are as follows:

(* If applicable)

DESIGNER/S Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

BUILDER/S Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

CRAFTSMAN PLUMBER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

REGISTERED DRAINLAYER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

GASFITTER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

ELECTRICIAN Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

ROOFER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

CLADDING INSTALLER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

OTHER Name: _____ Registration No*: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

GENERAL

PLANS AND SPECIFICATIONS

**The following plans and specifications are attached to this application: [list/describe/identify plans and specifications]

SOLID FUEL HEATERS

Please supply manufacturers installation instructions and floor plan showing location.

Free Standing

Inbuilt

Free Standing with Wetback

Inbuilt with Wetback

SECTION 4

SECTION 5

SECTION 6

REASON FOR APPLICATION

Reasons why a certificate of acceptance is required:

- The owner, or the 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: (delete one of the following)

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

[explain in detail] _____

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

[explain in detail] _____

- 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 a code compliance certificate for the building work.

[state building consent number] _____ [authority who granted consent] _____

COMPLIANCE SCHEDULE DETAILS

- a) The specified systems for the building are as follows: [complete table below]
 b) The following specified systems were altered, added to, or removed in the course of the building work: [complete table below]
 c) There are no specified systems in the building

If you selected a) or b) above please tick ✓ the box next to the system or feature contained in the building.

EXISTING	NEW		EXISTING	NEW	
<input type="checkbox"/>	<input type="checkbox"/>	01) Automatic systems for fire suppression (eg. sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	12) Audio loops or other assistive listening systems
<input type="checkbox"/>	<input type="checkbox"/>	02) Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	13) Smoke control systems
<input type="checkbox"/>	<input type="checkbox"/>	03) Electromagnetic or automatic doors or windows (eg. ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	14) Emergency power systems for, or Signs relating to, a system or feature specified
<input type="checkbox"/>	<input type="checkbox"/>	04) Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	99) Cable Car (including to residential dwelling, after 31 March 2008)
<input type="checkbox"/>	<input type="checkbox"/>	05) Escape route pressurisation systems	Any or all of the following systems and features that form part of the buildings means of escape from fire and also those means contain any or all of systems or features specified in clauses 1-6,9 and 13:		
<input type="checkbox"/>	<input type="checkbox"/>	06) Riser mains for use by fire service			
<input type="checkbox"/>	<input type="checkbox"/>	07) Any automatic backflow preventer connected to a portable water supply			
<input type="checkbox"/>	<input type="checkbox"/>	08) Lifts, escalators, travelators or other systems for moving people or goods within buildings			
<input type="checkbox"/>	<input type="checkbox"/>	09) Mechanical ventilation or air conditioning systems			
<input type="checkbox"/>	<input type="checkbox"/>	10) Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	15a) Systems for communicating spoken information intended to facilitate evacuation
<input type="checkbox"/>	<input type="checkbox"/>	11) Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	15b) Final exits (as defined by clause A2 of the building code)
			<input type="checkbox"/>	<input type="checkbox"/>	15c) Fire separations (as so defined);
			<input type="checkbox"/>	<input type="checkbox"/>	15d) Signs for communicating information intended to facilitate evacuation
			<input type="checkbox"/>	<input type="checkbox"/>	15e) Smoke separations (as so defined)

TOTAL AMOUNT PAYABLE \$ _____

Date _____

PAYMENT OF FEES: A receipt for payment of **\$756.00** must be attached to this application. In addition, an invoice will be sent for balance, being the fees and charges that would have been payable had a building consent been applied for before carrying out the building work. An invoice for such payment will be posted to the applicant/agent. A Certificate of acceptance can not be uplifted until proof of full payment is presented.

NOTE: This application can only be accepted if:

The application relates to work for which **no building consent exists**, and the work was carried out **after** 1 July 1992.

AND

If the application involves a solid fuel heater, the appliance must comply with the emission standards set in the RMA regulations.

PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION:

1. **A PROPERTY REPORT** from a suitably qualified person, to meet NZ standard 4306 and acceptable to Council to establish compliance with the Building Code current at the time of construction. The report should also include the following plans, drawings and photographs:
 - LOCATION PLAN** Showing Street/road location, natural features of the land, i.e., hills, lakes, sea, trees, streams and rivers etc.
 - SITE PLAN** All plans submitted are to be in black ink on white paper format and to scale. Location and dimensions of proposed and existing building(s) including roof line area in relation to legal boundaries. Some applications will need to show additional information such as car parking layout and dimensions, legal roads, driveway(s) (overall width and formed width), loadings and/or turning areas. (1:200 scale Urban, 1:500 scale Rural or greater where appropriate.) If in doubt check with Planning Staff.

CONSTRUCTION DRAWINGS

 - An **elevation drawing (and photographs) of each external wall**. Drawing should show site levels relative to floor levels, opening windows, roof and wall bracing (1: 100 min scale).
 - Floor plans** describing the function of each room showing all doors, windows and ventilation, plumbing layout, wall bracing, fireplaces and chimneys (1: 100 min scale).
2. For building outside the scope of NZS 3604 a **BUILDING REPORT** from a suitably qualified professional i.e. structural engineer will be required **in addition to the above property report**.
3. **CERTIFICATE OF TITLE** (Historic) - Available from Landonline 0800 665 463 (If not supplied the cost of acquisition will be included with your building consent.) Maori freehold land which includes list of owners, Memorial Schedule etc (available from the Registrar, Maori Land Court, Nga Wai E Rua, Ground Floor, Corner Reads Quay & Lowe Street). **CERTIFICATE OF TITLE SHOULD BE LESS THAN ONE MONTH OLD.**
4. **ENERGY WORKS CERTIFICATE**
5. **CERTIFICATES AND PLANS FROM PEOPLE WHO UNDERTOOK THE WORK**
6. **FIRE DESIGN PLAN IF APPLICABLE:** In any building which requires a fire safety philosophy under the Building Act, a fire design document is required to be submitted with this application.
7. **HAVE YOU SIGNED THIS FORM? PLEASE CHECK SECTION 3 ON THE FRONT PAGE CAREFULLY.**

COUNCIL HAS PAMPHLETS GIVING GUIDANCE ON MANY OF THE ABOVE REQUIREMENTS. PLEASE REQUEST COPIES FROM OUR CUSTOMER SERVICE STAFF