

# Building Consent Amendment

[Form 2] Section 45 (4) Building Act 2004



Section 1

Existing BC Application No.:	Building Category (Office use only):
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At date of application BC is  ISSUED or  UNISSUED

## The Building [Project Location]

Street address/rapid number of building: [for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]

\_\_\_\_\_

\_\_\_\_\_

Legal description of land where building is located: [state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent]

Lot: \_\_\_\_\_ DP: \_\_\_\_\_ Sec No: \_\_\_\_\_

Blk No: \_\_\_\_\_ Val No: \_\_\_\_\_

ML No: \_\_\_\_\_ Blk name & No: \_\_\_\_\_

Area:

Existing floor area: \_\_\_\_\_

New floor area: \_\_\_\_\_

Current, lawfully established, use: [include number of occupants per level and per use if more than one level]

\_\_\_\_\_

Section 2

## Owner [must be completed for all applications and all details must be the owners]

Name of owner: [include preferred form of title, e.g. Mr, Miss, Dr if an individual and the contact persons name if a company, trust of similar]

\_\_\_\_\_

Owner's mailing address:

\_\_\_\_\_

\_\_\_\_\_

Street address/Registered office:

\_\_\_\_\_

\_\_\_\_\_

Owner's contact details:

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Section 3

## Agent [only required if application is being made on behalf of the owner]

Name of agent: [include the contact persons name if a company, trust of similar]

\_\_\_\_\_

Agent's mailing address:

\_\_\_\_\_

\_\_\_\_\_

Street address/Registered office:

\_\_\_\_\_

\_\_\_\_\_

Agent's contact details:

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_ After hours: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Relationship to owner: [state details and provide written authorisation from the owner to make the application on the owner's behalf]

\_\_\_\_\_

Section 4

## General

Mail invoice to: [the person responsible for the account]

Owner  Agent  Other: Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail plans/notification of application outcome to:

Owner  Agent  Other: Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>Signed by the owner:</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>	<p>OR</p> <p><b>Signed by the agent:</b> [on behalf of, and with authority from, the owner]</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>
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## Amendment to existing Consent

Description of proposed amendment: [provide sufficient description of building work to enable scope of work to be fully understood]

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Building Consent Number: [list the consent number and date of issue of the consent to be amended]

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Estimated value of the amended work on which the additional levy will be calculated (including GST): [state estimated value as defined in section 7 of the Building Act 2004]

\$

Will the building work result in a change of use of the building?

Yes  No

If yes, provide details of the new use:

**Building Code Compliance** [This section must be completed in full by suitably skilled person]

The building work will comply with the building code as follows:

Clause	Identify which clauses will be involved in the building work	Means of compliance	Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications. Tick N/A if not applicable. If "Other" please specify.
B1	Structure	<input type="checkbox"/> N/A	<input type="checkbox"/> B1/AS2/AS1 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229 <input type="checkbox"/> NZS4203 <input type="checkbox"/> Other:
B2	Durability	<input type="checkbox"/> N/A	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other:
C1-6	Fire	<input type="checkbox"/> N/A	<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/VM1 <input type="checkbox"/> C/VM2 <input type="checkbox"/> Other:
D1	Access routes	<input type="checkbox"/> N/A	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Other:
D2	Mechanical installations for access	<input type="checkbox"/> N/A	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Other:
E1	Surface water	<input type="checkbox"/> N/A	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Other:
E2	External moisture	<input type="checkbox"/> N/A	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design and testing
E3	Internal moisture	<input type="checkbox"/> N/A	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other:
F1	Hazardous agents on site	<input type="checkbox"/> N/A	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other:
F2	Hazardous building materials	<input type="checkbox"/> N/A	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Other:
F3	Hazardous substances etc	<input type="checkbox"/> N/A	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other:
F4	Safety from falling	<input type="checkbox"/> N/A	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other:
F5	Construction & demolition hazards	<input type="checkbox"/> N/A	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other:
F6	Lighting for emergency	<input type="checkbox"/> N/A	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other:
F7	Warning systems	<input type="checkbox"/> N/A	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS1668 <input type="checkbox"/> NZS4512 <input type="checkbox"/> NZS4515 <input type="checkbox"/> Other:
F8	Signs	<input type="checkbox"/> N/A	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other:
F9	Residential Pools	<input type="checkbox"/> N/A	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2 <input type="checkbox"/> Other:
G1	Personal hygiene	<input type="checkbox"/> N/A	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other:
G2	Laundering	<input type="checkbox"/> N/A	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other:
G3	Food preparation etc	<input type="checkbox"/> N/A	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other:
G4	Ventilation	<input type="checkbox"/> N/A	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other:
G5	Interior environment	<input type="checkbox"/> N/A	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other:
G6	Airborne and impact sound	<input type="checkbox"/> N/A	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other:
G7	Natural light	<input type="checkbox"/> N/A	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other:
G8	Artificial light	<input type="checkbox"/> N/A	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Other:
G9	Electricity	<input type="checkbox"/> N/A	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other:
G10	Piped services	<input type="checkbox"/> N/A	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Other:
G11	Gas as an energy source	<input type="checkbox"/> N/A	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other:
G12	Water supplies	<input type="checkbox"/> N/A	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZ3500.4 <input type="checkbox"/> Other:
G13	Foul water	<input type="checkbox"/> N/A	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other:
G14	Industrial liquid waste	<input type="checkbox"/> N/A	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other:
G15	Solid waste	<input type="checkbox"/> N/A	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other:
H1	Energy	<input type="checkbox"/> N/A	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4214 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> Other:

**Waiver/modification/alternative solution to NZ Building Code required for following parts of code:**  
 [State nature of waiver or modification of building code required]

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## Restricted Building Work

Will the building work include any restricted building work?

Yes  No \*[enter personnel below]

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 work begins]

Name	Licensing class	Licensed building practitioner number [or registration number if treated as being licensed under section 291 of the Building Act 2004]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: continue on another page if necessary

## Details for other personnel who will carry out the work [In addition to any listed above]

### Designer:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Builder:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Cladding Installer:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Roofer:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Electrician:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Gasfitter:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Plumber:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Drainlayer:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Fireplace Installer:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Other [specify]:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Other [specify]:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Other [specify]:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Other [specify]:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

### Other [specify]:

Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

## Compliance Schedule Details

Does the building have any specified systems? [Specified Systems are defined in regulations; if you are not sure whether your building has specified systems, talk to the Council or your architect]

- No, there are no specified systems in the building
- Yes, please complete the following section(s)
- Specified systems are being altered, added to, or removed in the course of the building work, attach a completed T-27.s1 form (available on request or download from our web site)
  - The building includes a cable car (includes to residential dwelling)

## Attachments

The following plans and specifications are attached to this application:

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

Include **copy** of plans and specifications: -

amendments must be marked with a balloon and/or highlighted in Yellow Green or Orange (do not use red or blue)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Site Plan             | <input type="checkbox"/> E2 Risk Assessment                | <input type="checkbox"/> Fire Design   |
| <input type="checkbox"/> Construction Drawings | <input type="checkbox"/> Alt.Solutions proof of compliance | <input type="checkbox"/> Solid Fuel Heater - Installation Instructions & Floor |
| <input type="checkbox"/> Specifications        | <input type="checkbox"/> Sewerage Assessment               | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Drainage Plan         |  |  |

## Application Acceptance

**Please note:**

- Amendments to "Minor" building consents must not exceed the value or scope for applications of this type.
- Applications can not be accepted where the CCC has been issued.

## Application Processing

Regulations require applications to be processed within 20 working days (excluding any time taken for the applicant to provide additional information). However, council will take all possible steps to ensure your application is processed with due priority. To avoid delays in processing your application, please ensure this form is signed, completed correctly and has all relevant documents are attached.

## Application Approval

Your application must be approved BEFORE the building work is carried out. You will be advised in writing of the application outcome. An invoice will be generated if charges apply for additional fees/levies or inspections. Approved amended consent documents and plans will be sent to you. These documents must be stored on site.